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ABSTRACT

The final report of a 3-year child abuse project (PFL-Panel for Family Living) cites progress in goal areas and includes papers presented at regional and local seminars. Provided are reports on the following topics: child abuse in non-white communities in Pierce County (Washington); PFL client characteristics and service provision; a parent advocacy approach to child abuse and neglect; community response to the prevention and treatment of child abuse and neglect; evaluation of an on-going treatment program; data collection; and identification of factors which discriminate parents who abuse their children from parents who do not. A public policy handbook, designed to explain the workings of the juvenile justice system in child abuse cases, is also included. (CL)

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# Coordinating Community Concern For Child Abuse And Neglect

Project # 90 - C - 77

Final Report

Project Ended 4 - 30 - 77

Report prepared by

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EC103588

## INTRODUCTION

In May, 1974, the Panel for Family Living, a private non-profit corporation in Pierce County, Washington received a demonstration grant from the Department of Health, Education, and Welfare. The grant, entitled "Coordinating Community Concern for Child Abuse and Neglect" had five major goals:

1) Advocacy of a coordinated approach to the problems of abuse and neglect on both a case and a systems level;
2) Provision of services to families to ameliorate problems of abuse and neglect;
3) Community Education to inform the public about these problems;
4) Training of professionals to increase awareness and enhance skills in dealing with these problems;
5) Research and evaluation.

Much of the development and implementation of the grant activities has been described in detail both in previous project reports and in publications of project evaluators, Berkeley Planning Associates. Therefore, only a brief chronological summary is included here. The main emphasis of this report will be to summarize progress in each of the goal areas during the third and final project year. In addition, the report will include the evaluations and recommendations of staff regarding our activities in these areas. It is hoped that others starting similar projects may find these comments helpful.

CHRONOLOGICAL SUMMARY

Prior to Federal Funding

In the summer of 1970 an attorney from Pierce County Legal Assistance Foundation (PCLAF) and a local Juvenile Court worker recognized a general need for services and a lack of present resources in the county for ongoing treatment in the area of abuse and neglect. At this same time, a survey by OEO outreach workers in the south end of Tacoma found many families lacking a knowledge or understanding of how to cope with the "system" when involved in abuse/neglect problems. Metropolitan Development Council (MDC) incorporated this service need in program guidelines for their funding year of 1971-72. With that guideline's activation and the two original assayers of need, an ad hoc board of six was formed in March of 1971 which worked to establish what was later to become the Panel for Family Living. Through MDC, the Comprehensive Mental Health Center (CMHC) received OEO funds to establish weekly group therapy sessions and periodic child development/management classes for abusive or neglectful parents.

In October 1971, a VISTA volunteer was assigned to PCLAF to manage coordination and intake responsibilities for the program. Therapists (with MSW backgrounds) and teachers (with MSW and counseling backgrounds) were hired to run groups, and teach parenting skills classes. Parents for group therapy sessions and child management classes were drawn from local agencies of Children's Protective Services, Juvenile Court and PCLAF. During 1971 and 1972, five parent aides were trained to provide additional support services to parents involved in therapy or class. (Two of these parent aides remained with the program for well over a year.)

Throughout 1971 and 1972, monthly meetings of the ad hoc board continued, drawing interested individuals from agencies throughout the county concerned about child abuse and neglect (Children's Protective Services, Juvenile Court, the schools, CMHC, Emergency Room Nurses Association, etc.). In addition, with the support of the ad hoc board members, Jolly K, founder of Parents Anonymous in Los Angeles, was brought in to assist in the establishment of a Tacoma-based chapter, which is still functioning. As the term of the first VISTA volunteer was completed, a second VISTA volunteer was recruited to continue as coordinator. Child development classes and group therapy continued. (Funds from United Way helped to defray child care and transportation costs.)

By January of 1973, this ad hoc board which had grown to more than 20 members, had elected officers and decided to incorporate as a private,

non-profit organization. The Panel for Family Living had become a viable agency within Pierce County and was engaged in a number of activities. The project was housed in a building owned by Mary Bridge Children's Hospital. Board membership grew and participation by individuals from many different community agencies in the Panel's monthly meetings increased. A teaching program for foster home and receiving home parents caring for abused children was established with the financial support of MDC. And a proliferation of committees grew from the Panel, dealing with child abuse education, legislation and fund raising. Realizing that the OEO funds administered through Comprehensive Mental Health were inadequate -- given the Panel's goals -- members of the Panel wrote a grant proposal to seek funds from federal, state or private agencies. This proposal, with some modifications, was submitted to HEW in late fall of 1973, resulting in the selection of the Panel for Family Living as one of eleven projects in the National Demonstration Program in Child Abuse and Neglect. The primary purposes of this project were to develop a more coordinated community-wide child abuse and neglect system, to educate both the community in general and involved professionals about child abuse and neglect while testing some direct service strategies for a small number of client families.

Between the time that this proposal was submitted to HEW and word was received about the award of the grant, the OEO funds for the Panel ran out. The County's Comprehensive Mental Health Clinic donated money to cover the costs of group therapy and Bates Vocational School provided child development classes at a modest fee. With the Continuing Medical Education group at the University of Puget Sound, the Panel helped sponsor a two-day community education seminar on child abuse (featuring sessions with Ray Helfer). The seminar introduced over 400 professionals to the dynamics of child abuse and case identification techniques. By April, at the time federal funding came through, membership on the Panel had risen to 50 persons.

First Project Year

The Panel quickly implemented its program. Within a few months after notification of funding, the Director had been hired, space secured and all key staff members hired. The Panel's rapid implementation of the program was facilitated by the organizational base that had been developing for three years prior to the receipt of federal money. Momentum of the volunteer involvement in the program increased markedly at this time, with enthusiasm for the program coming from many different segments of the community. By early autumn, the Panel had worked out the strategy for its new treatment program. And, throughout the fall, implemented parts of that plan. During the fall months the Panel not only accepted new cases, but carried over close to 50 cases from pre-

funding days. The Panel had a fully operational program by January of 1975. During the winter months, the Panel's progress became hampered. The original director left the program and three months passed before a new director took over. In the interim, intake was closed, many cases were terminated, and many of the treatment services were temporarily stopped.

Second Project Year

A new director joined the project as it entered its second year, along with several other new treatment, research, coordination and support staff. This new staff spent the summer months deliberating the structure and process of many of the Panel's activities, primarily treatment and research. By fall, intake was reopened, as were the Panel's treatment services. By January the caseload size had grown from its low in May of 18 to over 50. A research design, focusing on the effects of the Panel's treatment program, was finalized and data collection began. During the second year the Panel took a much more systematic approach to training and education. A series of multi-session workshops, seminars and institutes, targeted at special professional groups as well as the general community, were planned and implemented. The most noteable was a large-scale, long-awaited workshop series with school personnel. Finally, during the year the Panel systematically began contacting and working with the array of child and family agencies in the county. This included a survey of selected minority groups' attitudes toward child abuse and neglect and appropriate services.

Third Project Year

During the first eight months of the third year, the Panel continued to pursue its activities as in the second year. No changes in staff were made during the final grant year. Project staff consisted of an executive director, training specialist, office manager, direct services supervisor, outreach worker, research assistant and two CETA positions, secretary and community resource specialist. Grant funds also supported a research consultant and parent education teachers and group therapists. Teachers and therapists were paid on an hourly basis for services provided. Most project resources were allocated to community and professional education and coordination though the Panel did experiment in some new direct service areas (see goal II). Throughout the year there was a noticeable decline in volunteer participation in Panel activities. During the final four months of federal funding, most energies were directed toward phasing out while simultaneously attempting to secure funds for continuation. General intake was closed in January. All cases were terminated before May 15.

## PROGRESS IN GOAL AREAS

GOAL I: TO PROVIDE A METHOD OF DEVELOPING COORDINATED COMMUNITY SERVICES IN CHILD ABUSE AND NEGLECT.

The Panel has been engaged in a variety of activities aimed at accomplishing this goal. Its membership activities have continued with a membership approximately equal to that of previous years. In an effort to involve more consumers in meetings, the Panel began alternating its regular monthly meeting times between morning and evening. There was a decline in meeting attendance partly due to this and partly due to feelings of uncertainty about the Panel's future. However, activities of the membership have continued. The following highlights specific accomplishments of the membership within this goal area.

### New Directions Task Force

This year, the Panel Board of Directors convened a New Directions Task Force to stimulate interest in providing services for abuse and neglect among other community agencies in Pierce County. Board members and staff made visits to community mental health centers, private social service agencies, military, social and public health services. In these meetings we attempted to identify areas of possible cooperation between the Panel and these agencies, for example, jointly sponsored services. We also attempted to elicit from them some commitment to alter traditional service delivery patterns (more flexible hours, fee scale, offering services in the parent's home, etc.) in order to make services more accessible to abusive or neglectful parents. Finally, we discussed the reporting of child abuse and neglect. We wished to determine if agencies were reporting and if a protocol existed for making such reports. We also wished to encourage those who were not reporting to do so.

As a result of these interviews, the local Family Counseling Service agreed to accept referrals of Panel clients for family therapy; one of the mental health centers offered to sponsor a Parent's Anonymous group; the Panel Board sent a formal request to the director of health services at Madigan Army Medical Center for more flexible hours for social work services and provision of in-home services.

Generally, however, we found still existing many of the barriers to service for these families as had existed previously. Agencies were unwilling or unable to change their traditional mode of service delivery to include such things as outreach, transportation, or child care for clients. The task force has now chosen to limit itself to a particular geographical area in which there are large numbers of CPS reports and families suffering from high unemployment, poor housing, isolation, few services available. The strategy is to increase family services in this area and slowly expand throughout the community.

"Child Abuse in Pierce County's Non-White Communities"

The Panel has been making efforts to involve minority communities more actively in its planning and program development work. In an effort to increase our understanding and raise the topic of abuse and neglect among members of non-white communities, the Panel undertook a study in cooperation with a local university of perceptions and attitudes towards child abuse and neglect in non-white communities in Pierce County (Appendix A). Following the publication of this report, the Panel Board distributed over 50 copies to representatives of various groups and followed this with a personal telephone call to solicit comments. There were no substantive criticisms of the study or its conclusions. We had hoped the study would stimulate greater participation in our activities. However, this has not resulted. Some of those who were contacted indicated an unwillingness to become involved due to their feeling that such involvement meant dividing again already scarce resources to address a problem that they or the group they represented did not feel was a major one for their community.

Sexual Abuse Task Force

During the past year, the Panel also organized the Pierce County Sexual Abuse Task Force. This is a group of professionals who wish to improve services to families with these problems by coordinating existing services better, by establishing new services where needed, by increasing knowledge about the problem and improving the skills of professionals to deal with it. During the past year the Task Force met monthly. Working groups have planned training and are currently performing an inventory of existing services available to families in which sexual abuse of a child has occurred. New services are developing. Most significant is a family treatment program based on the Santa Clara County, California model. This program was created and is operated by Pierce County Child Protective Services. One of the mental health centers offered a short term treatment group for sexually abused girls. Rape Relief is attempting to establish treatment programs for abused girls and participates in the CPS program by providing staff to co-lead therapy groups.

Diagnostic and Assessment Team

The Panel's Diagnostic Team has not been active over the past year. There were no requests from community agencies for case consultations. And, Panel staff requested only four consultations during the year.

There are several circumstances which staff felt resulted in this lack of use. The purpose of the team was unclear to many workers. It

was called "Diagnostic and Assessment Team" but in practice most cases brought to the Team had long been diagnosed and workers were most often requesting case management consultation. As to the assessment, many professionals would have liked to have physical, psychological, or psychiatric assessments performed for their client families. However, our Team did not perform this function and there were no funds to obtain such assessments. In bringing cases before the Team, then, the worker received an opinion from professionals in various fields regarding the functioning of his client. But these opinions and the case recommendations emanating from them were based solely on information provided by the worker.

Our Team also had a fixed membership. It consisted of a set of professionals who met with the person requesting consultation and others working with the case. This was not always fruitful! At times, requesting workers wanted specific consultation regarding, for example, medical management or legal ramifications. The presence of a large group of other professionals sometimes was confusing as each wished to comment on the case from his particular perspective.

Protecting the confidentiality of client records is a considerable problem. We required that workers obtain releases from clients and strongly urged that parents be encouraged to attend. Panel clients were always invited and received copies of material submitted to the Team as well as reports or recommendations coming from it. We felt comfortable about sharing information about Panel clients with the Team which was a part of the Panel's constellation of services and whose members, as Panel consultants, were bound by our confidentiality policy. However, we were uncomfortable with the idea of other agencies sharing with us the identity of persons who were not our clients. We also did not feel that the Panel should distribute or maintain confidential information on non-Panel clients for whom there was positive identification. We were not sure that these families were fully aware of the purpose of the Team or its membership (which included CPS workers and law enforcement officers). Further it violated the principles of confidentiality of records under which we operated, to maintain a file (i.e. Diagnostic Team records) on an individual who was unaware of that file's existence. Attempts to avoid positive identification led to awkward proceedings. More importantly, it resulted in the Team receiving limited information on the cases brought before them. This was a serious problem which we never resolved for our Diagnostic and Assessment Team.

The Team lacked a coordinator which led to a number of difficulties. (The Team convener was the Panel's director.) There was no staff member with sufficient time to publicize the Team and to personally encourage workers to participate. Many workers were intimidated by the idea of a team review of their case handling.

There was no one to gather information before meetings, to distribute it to members, to follow up on cases to see if recommendations were being implemented and how successfully. This is a considerable job which requires careful preparation and consistent follow up. For our agency perhaps a one half-time position would have been adequate.

Panel staff felt that the most useful team was one which consisted of workers handling the case. In this way, workers could actually negotiate goals for treatment. They could identify the responsibilities of the family members and individual workers in accomplishing these goals. Their wish was that some money be available to contract with consultants whose expertise the workers or parents desired. In the Panel model, they felt too much of their time was taken presenting a plethora of information to Team members. Workers sharing a case generally had at least some common knowledge of the family. The opportunity to request a specific consultation with one or two professionals would have limited time of sharing information. Panel workers felt that the Team members handed down recommendations rather than negotiating agreements among workers. This led to resistance on the part of some workers, such as probation officers or child welfare workers, who did not agree with the recommendation. Sometimes it led to workers who really had the legal power in the case to ignore or sabotage recommendations.

Our workers also felt a great deal of their time was taken convincing other workers to take part in the Team meetings regarding their clients. They felt a Team coordinator could have invited these workers and provided an orientation to them.

Our experience suggests, then, that a helpful team format is one which consists of workers dealing with the case, the parents, and specialized consultants as needed. A team coordinator assigned full or part time is necessary to supervise the gathering and dissemination of information and recommendations; to invite and orient participants; to follow up on implementation of recommendations and to schedule additional meetings as the situation warranted; to publicize the concept of interagency case management.

A final note about involving parents. This is a difficult and time consuming process and one which we are convinced is worth the effort. However, based on our experience, we feel when involving parents it is necessary that someone in the group be identified as an advocate for the family to prepare them for the meeting, to support them through it, and to be with them after it to answer questions and simply talk over the proceedings. We also feel that there needs to be a committment on the part of the participating workers to take the time such a meeting requires. Often the short cuts of communication among professionals who "speak the same language" is inappropriate in a setting in which parents, laypeople, tak part.

S.C.A.N. Team

During the third grant year, the Panel and Mary Bridge Children's Health Center cooperated in the formation of a child abuse screening team for the hospital. This team worked well. Its mandate was clear: determine whether children admitted to the hospital were suffering from abuse or neglect and make the appropriate referral. The team consisted of the hospital's medical director and social worker, hospital staff of the service to which the child was admitted, Panel staff, a child protective service intake worker, and, if necessary, police and juvenile court probation officer. The team would follow normal hospital procedure for reporting if abuse or neglect were suspected and then refer the family to the Panel for ongoing service. Over the past year approximately 20 families were referred to us in this way.

General

Staff and Board continued to be involved in a host of community planning activities - United Way, Title XX, Pierce County Mental Health Coordinating Council, various coalitions and task forces affecting families and children. This activity has led to some concrete results. The need for additional child abuse and neglect services was recognized by Pierce County United Way in accepting the Panel for membership and funding during 1978. Also, due to the influence of Panel members, the citizen's advisory committee on Title XX for Pierce County was the only one in the whole state that recommended using Title XX money to contract with agencies to provide additional services to families in which abuse or neglect exist. It is a small amount and it remains to be seen whether the state will approve this recommendation and implement it. However, the movement towards such a possibility has begun.

Summary

In general, the Panel worked with a number of agencies and has provided a model of cooperative case handling through its own case management practices. We would caution others about the language of coordination. It is an ideal much espoused but not often practiced. While an agency like the Panel can certainly advocate for coordination and provide leadership by example, its role in actually coordinating the systems of state social services, law enforcement and the courts all of whom have the authority in these cases is quite limited. We have faced, also, our limited ability to alter the existing service delivery patterns of established agnecies.

Bif, bam, boom
Three agency men in a room
Stayed up all night
Having a fight
Over who would coordinate whom.

GOAL II: TO PROVIDE DIRECT SERVICE TO PARENTS IN ORDER TO REDUCE THE INCIDENCE OF ABUSE AND NEGLECT IN THEIR FAMILIES.

The Panel served 150 clients during the third grant year. Appendix B contains data in narrative and tabular form of client characteristics and services provided. These services were provided by two full time staff and two second year graduate social work students from the University of Washington. Both of these students had previous social work experience. One had worked as a CPS worker in Washington.

New Services

During the year, the Panel experimented with a number of new services. Two 12 week classes for parents of infants (6 months to 2 years) were held. Parents brought their infants to a number of the classes. Topics included growth and development, infant stimulation, nutrition, health and safety. Parents were enthusiastic about the class even though it was sometimes inconvenient to get the child and themselves ready for the class. Workers thought highly of this class and were able to arrange visits of children in foster care so they could attend class with their parents.

A psychology graduate student from the University of Washington offered a series of parent education classes to compare the effects of stress management and child management. This study was undertaken in cooperation with the Panel's Research Consultant and was supported by a separate grant from NIMH.

In January 1977, the Panel offered an Assertive Training class designed by the Panel's supervisor of client services and our student interns. Due to a number of problems relating to the Panel's phase out of client services, this class was stopped after 5 of the 10 scheduled sessions.

Closing of Client Services

Due to an inability to locate long term, stable funding for this aspect of the Panel's program, services to parents' closed as of April 30. All clients were terminated and, if necessary, transferred to other agencies for continuing treatment by May 15, 1977.

Staff Commentary on Panel Model of Service Provisions

Client advocacy was noted by staff as one of the greatest strengths of the Panel's service program. As Panel services developed and improved over the three years of federal funding, other workers came to respect this philosophy and recognize its value in providing treatment to families.

It also took a while for other workers to understand that advocating for our clients (the parents) did not mean ignoring the well being of the children.

Client advocacy was put into practice by: consulting parents in developing plans for their treatment; involving parents in case staffings; presenting the parents' view point to other workers; maintaining open records and insuring that parents were aware of content of files; informing parents about all communications between Panel workers and others regarding them; involving parents in the preparation of court reports, letters to other agencies, and case staffing material; providing parents with copies of all material written about them by Panel workers; involving parents in planning and policy making activities of the Panel Board and membership.

Initially, the staff felt uncomfortable balancing the "parent advocacy" philosophy which has guided the Panel since its inception, with the need to confront parents with their behavior or to make recommendations counter to the parents wishes. Under the direction of the direct services supervisor in the project's final two years, this problem was faced more directly. And staff became more comfortable with the need to (if not the process of) confronting parents. Of course staff constantly debated whether their own decisions were being shaped unduly either by the impetus to serve the clients only as they wished to be served or by the pressures of other workers to conform. With all the other pressures of work in this field, this seems but another. To our staff, however, dealing with the tensions created by our agency's philosophy was a worthwhile effort.

The staff valued the independence of the Panel vis a vis other community agencies - particularly the State child welfare agencies and the courts. Such autonomy emphasized the unique aspects of services to abusive and neglectful parents. It also allowed staff more freedom in defining their roles with particular clients.

The Panel's emphasis on coordinating its services with those provided by other agencies, our practice of pursuing workers to involve them in cooperative case management was time consuming but resulted in better service to families. Coordination resulted in less confusion on the part of family and workers regarding responsibilities and treatment goals.

Our workers also identified difficulties with the Panel's service delivery structure. Due to the number of different consultants offering parent education and group therapy, staff felt there was not enough control over the content or philosophy of the courses offered. And staff were frustrated because the limits of time and money to pay consultants prevented better communication among our services.

Staff were overwhelmed sometimes because of the constant pressure (from Board, other agencies, parents and themselves) to serve more clients.

The small size of the staff and the built in turnover (due to use of students) prevented us from constructing a treatment staff with a range of specialties. Such a staff pattern might have allowed for a more rational assignment of clients to worker than first come, first served.

Staff would have liked to develop an intake process or develop referral guidelines which would have been responsive to client needs for service (that is, efficient) yet would screen out inappropriate clients, for example, severely disturbed or psychotic parents. Several times, we found ourselves responding to a crisis referral and providing some service ( crisis counseling, food, transportation). We would continue our contact and what services we could offer although inadequate to the parents needs because other services simply were not available for these parents. These cases were especially difficult because the workers felt keenly the inappropriateness of the referral, the need for more intensive treatment than we could offer, and their own helplessness with nowhere to turn to obtain help for these parents.

The Panel was clearly identified as a child abuse and neglect treatment agency and staff felt uncomfortable with the resultant labeling of clients who sought our services - especially "high potential" clients.

Panel staff had a number of suggestions to improve our service delivery structure and these might be helpful to others. If we had continued services, the staff would have liked:

- More staff - to enable us to serve more clients, to build a greater variety of in-house expertise, to have a better back up system for handling client crises.
- To develop more services in which parents and children participated together.
- To develop a system with the court to inform us when parents were ordered to our services, then we could have contacted parents and offered services. Parents sometimes waited too long to come to us.
- To increase contracting in case management and push to establish this as a practice at the court so all would understand what changes are required for children to be returned, wardship dropped, etc.
- To increase numbers of parent aides and facilitate communication by bringing them under supervision of direct service department rather than volunteer coordinator/training specialist.
- To add homemakers' as an additional component or have them more availa' e through other agencies.

- To improve our supportive services by developing a larger more reliable bank of transportation volunteers and developing child care resources.
- To work more closely with agencies providing treatment for children.
- To develop an ongoing parent education class consisting of 3 week units. People could enter at the beginning of any unit reducing waiting period for parents referred for classes. Parents could also participate in those units relevant to their needs.
- To improve communication between research and outreach components to make better use of information gathered during evaluation.

GOAL III: TO PROMOTE AND IMPROVE COMMUNITY AWARENESS AND ATTITUDES REGARDING CHILD ABUSE AND NEGLECT.

Speaker's Bureau

Since May, 1976 the Panel's Speaker's Bureau has addressed 76 audiences. Over 50 of these speeches were addressed to students from elementary school to university. Fourteen were addressed to professional groups, for two examples see Appendix C. Eleven speeches were given to various service Clubs. Panel speakers appeared on 3 radio broadcasts and 2 television shows. See Appendix C1 for a complete list of Speaker's Bureau activity May 1974 through April 1977.

The Speaker's Bureau is principally a volunteer effort. Panel staff provide support in scheduling speakers, occasionally doing some speaking, training speakers, and providing material for distribution at speaking engagements.

During the past year, the Panel's training specialist held a workshop for 6 speakers who wanted to gain some special expertise in addressing the topic of sexual abuse with various audiences. There have been increasing requests from groups for speakers on this subject.

Our Speaker's Bureau has always been a popular and well used service - so well used that our volunteer speakers have often been overextended. Other groups considering such a venture would do well to consider assigning a staff member to the Bureau to recruit and train speakers. Training is particularly important if one wishes to present a consistent interpretation of the problems. Additional speakers would also allow an agency to develop a plan to cultivate particular audiences. Our Bureau was at all times overloaded simply responding to requests.

Public Policy Committee

This year the Panel's Public Policy Committee finished the handbook for parents which was begun last year. (Appendix D) This booklet is now ready for printing and we are looking for funds to cover the costs.

Seminars

Two large group seminars were sponsored by the Panel this year (see Appendix E for copies of agenda). The seminar held in conjunction with the University of Washington had a disappointing attendance - approximately 200 people. This was due in part to very poor publicity for the event.

The conference on sexual abuse held in Pierce County was very well attended and enthusiastically received. Over 120 persons - mental health professionals, school personnel, law enforcement officers, clergy, court officers, lay persons - attended the 3 workshops.

GOAL V: TO DEVELOP ONGOING RESEARCH AND EVALUATION OF EXISTING CHILD ABUSE AND NEGLECT PROGRAMS IN PIERCE COUNTY.

Appendix N contains an extensive description of the development and implementation of our service evaluation as well as reporting on the most current data analyses.

All data collection terminated in mid June and was ready for analysis July 1. There is a massive amount of data and analysis will go on for quite some time. Mr. Perry, the Panel's Research Consultant will be continuing to analyze data and prepare reports. Analysis that can be accomplished during the summer include (1) comparisons between the client groups (abuse, neglect, high potential) on parent characteristics, (2) matched comparisons between abusive and non-abusive parents on parent characteristics, (3) comparisons between children of variously labelled client families on child characteristics, (4) comparisons between matched abused and non-abused children, (5) analysis of parent child interaction data for different client groups, (6) in an abusive-non-abusive matched comparison, and (7) evaluation of stress and child management training programs (see Appendix O).

Later analyses will look at the general program effectiveness for the on-going treatment services and will look for relationships of amount of change to other information such as type and amount of service, client characteristics, etc. We will also explore much more closely the relationships between different client characteristics. For example, we will look at differences in parent-child interaction, between abuse and control parents who were abused as children and those who were not. An early and very tentative analysis suggested that abusive parents who were themselves abused as children were more "negative" with their children than abusive parents who were not abused as children. Conversely, non-abusive parents who were abused as children interacted more "positively" with their children than non-abusive parents who were not themselves abused (Appendix P).

Another early analysis of the data suggested that there were sex differences in how parents related with their children and that these sex differences might be strongest for abusive parents. This suggested that rigid stereotypic sex roles might contribute to tendencies to abuse children.

The data from the Panel service evaluation will point to new areas of study in the field of child abuse and neglect.

## Review and Current Status

Since 1970, the Panel For Family Living has been working in Pierce County to alleviate the problems of child abuse and neglect. The volunteer effort grew quickly and 1974 the Panel applied for and received a three year demonstration grant from the U. S. Department of Health, Education, and Welfare. The project outlined five goals: coordination of community concerns for child abuse and neglect, direct services to abusive and neglectful parents, community education, professional training, and research.

For the past year - our final year of federal funding - the Board and staff of the Panel have been busy exploring alternative sources of support. When it became clear that we could not continue to support the client service portion of our program in a careful and responsible manner, the Board decided that we would phase out this portion of our program. In the future, the Panel's goal will be to work with Pierce County agencies to develop needed services for these troubled families within the existing structure of family services. We will, of course continue our professional training and community education efforts.

The Panel was designed to demonstrate a model of service delivery, not to respond to the needs of all abusive and neglectful parents in Pierce County. Therefore, we served yearly only a small percentage of the reported cases of abuse and neglect. (For example, in 1976 there were over 1,000 cases reported, we served 130.) We feel that be investing all of our resources into advocating for expanded services for abuse and neglect we will increase the amount of service available far beyond what we could provide. The Panel is in a unique position to support such advocacy efforts. Our membership includes a trainer who can assist agencies by training staff and offering individual case consultation. Our community education efforts will, of course, continue making the public aware of these problems and supportive of efforts to respond to them. We feel that our efforts in these areas will be a significant contribution to ameliorating the grave problems of child abuse and neglect in our community.

Identifying and securing stable funding sources remains a major effort. The Panel secured funding through a number of private foundations and sub-contracts with the Washington Department of Social and Health Services through the University of Washington and the Western Federation for Human Services. These funds will carry the Panel through 1977. Beginning 1978 the Panel has been accepted as a United Way agency with an allocation of $15,000.

Membership activities, training and coordinative efforts are moving forward with a high degree of involvement and creativity. Apparently the period of doubt is past and people are once again feeling secure that the Panel will continue to exist as a viable community agency.

# CHILD ABUSE IN PIERCE COUNTY'S NONWHITE COMMUNITY: A STUDY OF PERCEPTIONS AND ATTITUDES

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Sponsored By

Panel for Family Living, Tacoma, Washington

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May, 1976

APPENDIX A

PANEL FOR FAMILY LIVING

TACOMA, WASHINGTON

# CHILD ABUSE IN PIERCE COUNTY'S NON-WHITE COMMUNITIES

# APPENDICES

## OBJECTIVES

The overall objective of this survey was to gain some idea of what is taking place in the nonwhite communities with respect to child abuse and neglect. The following questions formed the basis for the study while providing a frame of reference for recommending that certain procedures or changes be adopted.

(1) What is the respondent's perception of the extent of child abuse and neglect in nonwhite communities?

(2) Has the respondent known of actual cases of child abuse and neglect in his/her respective racial group?

(3) What is the respondent's attitude toward child abuse and the reporting of child abuse?

(4) What is the respondent's perception of the community's typical response to child abuse and neglect and the reporting of same?

(5) What sort of action did the respondent take when made aware of actual cases of abuse and neglect?

(6) What kinds of changes does the respondent see as necessary to upgrade child abuse services and programs in nonwhite communities?

In its design, therefore, the study was more exploratory in nature rather than oriented toward the elaboration or clarification of some theoretical perspective or set of hypotheses. It was assumed that the results may prepare the way for further theorizing on the topic. For the present, at least, it was thought that an exploratory design will best furnish the needed information to fill a gap in knowledge on the topic.

## METHODOLOGY

The data was collected by an interracial group of data gatherers who utilized both questionnaire survey methods and interview techniques. It was assumed that the diverse nature of the sampling population and the sensitivity of the topic justified a combination of data gathering approaches. It is not known whether

this assumption introduced a degree of bias in the results. The data was collected as randomly as possible in the Tacoma-Pierce County area during March 1976. Visits were made to group meetings and agencies where nonwhites met and to nonwhite homes. Discussions were also held with individual nonwhites who were thought to have some knowledge on the topic. All in all, an effort was made to get a diverse range of opinion while striving for randomness in sample selection. The random (and nonrandom) nature of sample selection raises questions about the representativeness of the findings for the larger nonwhite community. Since it was not possible to select a truly random sample of the nonwhite population (owing largely to its diffuseness, mobility, and proper identification in some cases), it was assumed that the method adopted here offered the second best alternative to sample selection.

In some Tables in the following pages, some adjusted percentages were provided. They were provided to show how much or little the percentages change when one either included or excluded, in the calculations, respondents who did not answer certain questions. Those percentages reported in the brackets were derived after those who did not respond to the questions were included in the calculations. Whereas, the adjusted percentages without brackets were derived after those who did not respond to that question were excluded from the calculations. Adjusted percentages are usually higher than unadjusted percentages unless there is a large number of individuals not responding to a particular question.

FINDINGS

By way of introduction, it would be valuable to look at Table One to get an idea of the general characteristics of the sample for this study. In brief, the sample was nonwhite, largely female, ranged in ages from 14 through 90 with an average age of 33, usually residing within the city limits of Tacoma, having extensive and limited contact with other nonwhite groups, and tending to have one or more years of college level work. Although there was a large number reporting one or more years of college level work, there was no indication whether this was community college or university level work. Moreover, there was no evidence of the number of respondents who were related to the military.

There was general agreement on the conceptual definitions of child abuse and child neglect. The former assumed that physical child abuse occurred when a child suffered bodily harm, after some deliberate action by a parent, guardian, relative, or babysitter. Child neglect, on the contrary, was not assumed to involve the same kind of bodily harm as occurred in child abuse, but described a situation where a child may have been deprived of certain necessities like food, water, clean clothes, and proper attention.

Interestingly, more than half the respondents (54%) lived in Pierce County less than ten years. It is not certain whether this reflects the high mobility of Army and Air Force personnel at nearby Fort Lewis and McChord Air Force Base, or, the increasing mobility of the American people in a technological age. Moreover, there is some question whether a respondent's length of stay in Pierce County influences his/her perception of the status of child abuse and neglect in the respective nonwhite communities.

The results showed, for example, that there were no significant differences in response to questions referring to the extent of child abuse and neglect among those with varying lengths of stay in Pierce County. Closer examination

TABLE ONE

Demographic Characteristics of Sample(N=161)

Race

| | |
|---|---|
| Latino | 50 (31.1%) |
| Asian | 54 (33.5%) |
| Black | 39 (24.2%) |
| Indian | 18 (11.2%) |

Sex

| | |
|---|---|
| Male | 60 (37.3%) |
| Female | 99 (61.5%) |

Degree of Contact With Nonwhite Groups

| | |
|---|---|
| Extensive | 94 (58.4%) |
| Limited | 62 (38.5%) |
| None at all | 4 (2.5%) |

Education

| | |
|---|---|
| Grade School | 7 (4.3%) |
| High School | 55 (34.2%) |
| 1 year College | 28 (17.4%) |
| 2 or more years of College | 69 (42.9%) |

Residence

| | |
|---|---|
| Within City Limits | 105 (65.2%) |
| Outside City Limits | 33 (32.9%) |

Length of Stay in Pierce County

| | |
|---|---|
| Whole life | 19 (11.8%) |
| More than 10 years | 47 (29.2%) |
| 1-10 years | 69 (42.9%) |
| less than 1 year | 18 (11.2%) |

of the data, however, showed that those who lived all their lives in Pierce County were more likely to believe that child abuse and neglect either seldom occurred or never occurred at all. The small sample prevented any further meaningful investigation of this tendency, but it deserves serious further consideration because of its potential to obstruct certain corrective or preventive education programs. If this observation is further verified, it will also be useful to determine whether those who are highly mobile are more likely to be closer to practices of child abuse and neglect; or whether those who lived all their lives in Pierce County maintained a certain noninvolvement in their communities or were more selective in the friends and associates they keep.

There were also no significant differences in response to questions dealing with the extent of child abuse and neglect among those with extensive or limited contact with other nonwhite groups. This suggests that one's interaction with other nonwhite groups is not necessarily going to increase one's perception of the extent of child abuse and neglect in one's community. More importantly, the study revealed that one's contact with one's racial group is not necessarily going to increase one's perception of the extent of child abuse and neglect in one's community. There were no significant differences in the perception of practices of child abuse and neglect among those who reported very extensive or limited contact with their respective racial groups. In effect, this says that the perception of the extent of child abuse and neglect in the various nonwhite communities is probably correct. Caution should be exercised with this conclusion however, since the limited sample did not allow for further investigation of the phenomenon within the various groups.

## Extent of Abuse and Neglect

When the various groups were compared on their responses to the question dealing with their perception of the extent of physical child abuse, very significant differences were disclosed (F=6.2, sig. .001). Latinos and Asians were more likely to believe in less frequent occurrences of child abuse than Indians and Blacks. This appears to be supported by the results of another question which required respondents to indicate their knowledge of actual cases of child abuse. As Table Two reveals, Indians and Blacks were more likely to be aware of acutal cases of child abuse than Latinos and Asians. Though the number of Indians is relatively small, the large percentage reporting actual knowledge of child abuse cases is very significant. The finding does suggest, nevertheless, that there are cases of child abuse among Indians despite the claims by some Indians that the extended family system and certain Indian values discourage such practices.

Greater differences among the groups were revealed when their perceptions about the extent of child neglect were compared. Like the preceeding results, Asians and Latinos were more likely to perceive lower rates of child neglect than Indians and Blacks (F=10.4, sig. .001). As should be expected, all groups reported higher levels of child neglect than child abuse. Table Three shows these results with a significant upward shift among Indians, a small increase for Asians and Blacks, and a very slight shift for Latinos. Although Latinos did not markedly differ in their perceptions of child abuse and child neglect, it must be noted that nearly half the Latino sample was aware of actual cases of child abuse and neglect. This corresponds with the results of the total sample which showed 45% having knowledge of child abuse and 52% being familiar with child neglect. There were no significant differences in these results between sexes.

TABLE TWO *

Levels of Known Cases of Child Abuse

| | N | YES | NO |
|---|---|---|---|
| Latinos | (48) | 20 (40%) 41.7% | 28 (56%) 58.3% |
| Asians | (53) | 16 (29.6%) 30.2% | 37 (68.5%) 69.8% |
| Blacks | (38) | 23 (59%) 60.5% | 15 (38.5%) 39.5% |
| Indians | (18) | 13 (72.2%) | 5 (27.8%) |
| Total Sample | (157) | 72 (44.7%) 45.9% | 85 (52.8%) 54.1% |

TABLE THREE*

Levels of Known Cases of Child Neglect

| | N | YES | NO |
|---|---|---|---|
| Latinos | (50) | 22 (44%) | 28 (56%) |
| Asians | (52) | 20 (37%) 38.5% | 32 (59.3%) 61.5% |
| Blacks | (39) | 25 (64.1%) | 14 (35.9%) |
| Indians | (18) | 17 (94.4%) | 1 (5.6%) |
| Total Sample | (159) | 84 (52.2%) 52.8% | 75 (46.6%) 47.2% |

* Adjusted percentages are provided in this Table

## Reporting Abuse and Neglect

After respondents reported their knowledge of actual cases of child abuse and neglect, they were required to identify the course of action they pursued, or would have pursued in the light of that knowledge. To gain some national comparison, the categories used by Gil (1970) in his national study of child abuse were adopted. Tables Four and Five show these results. Whereas those who know of actual cases of child abuse were not likely to report to a local welfare or child abuse agency, those who never knew of actual cases of child abuse appeared more favorable to reporting to a child abuse agency if they were to become aware of any cases of abuse. There is no indication why this should be so, although it is possible that those reporting knowledge of child abuse were either not aware of child abuse agencies at the time, or did not trust the services of such agencies. Also, since there is a good deal of personal risk involved in reporting cases of child abuse, it is easier for a person to say what they might do if made aware of actual cases of child abuse.

Similar results were also obtained for those who reported knowledge or lack of knowledge of actual cases of child neglect. Those who knew of actual cases of neglect were not likely to report to a welfare or child abuse agency, while those who did not know of any cases of neglect indicated that they would be more inclined to report to a welfare or child abuse agency. Among those who knew of actual cases of child abuse and neglect, they generally tended to either talk to the offending parent or guardian, or remained out of the matter entirely. There were no major differences among the various nonwhite groups with this pattern.

It was noted that a smaller percentage of respondents who were not aware of actual cases of abuse or neglect, when compared with those who knew of actual

TABLE FOUR

Courses of Action Taken Among Those Who Knew of Actual Cases of Child Abuse

| | Talk with family | Contact child abuse agency | Contact police | Seek other advice | Keep out of matter |
|---|---|---|---|---|---|
| Latinos | 7 (33.3%) | 3 (14.3%) | ---- | 4 (19%) | 7 (33.3%) |
| Asians | 7 (36.8%) | ---- | ---- | 5 (26.3%) | 7 (36.8%) |
| Blacks | 9 (42.9%) | 1 (4.8%) | ----- | 4 (19%) | 7 (33.3%) |
| Indians | 6 (46.2%) | ---- | ---- | 1 (7.7%) | 6 (46.2%) |
| Total Sample | 29 (39.2%) | 4 (5.4%) | ----- | 14 (18.9%) | 27 (36.5%) |

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TABLE FIVE

Courses of Action Likely To Be Taken If Made Aware of Actual Cases Of Child Abuse

| | Talk with family | Contact child abuse agency | Contact police | Seek other advice | Keep out of matter |
|---|---|---|---|---|---|
| Latinos | 10 (28.6%) | 14 (40%) | 1 (2.9%) | 6 (17.1%) | 4 (11.4%) |
| Asians | 8 (21.1%) | 13 (34.2%) | 1 (2.6%) | 11 (28.9%) | 5 (13.2%) |
| Blacks | 3 (20%) | 8 (53.3%) | ---- | 2 (13.3%) | 2 (13.3%) |
| Indians | 4 (50%) | 2 (25%) | 1 (12.5%) | ----- | 1 (12.5%) |
| Total Sample | 25 (26%) | 37 (38.5%) | 3 (3.1%) | 19 (19.8%) | 12 (12.5%) |

cases of abuse and neglect, would have opted to remain out of the matter entirely. (This may be a reflection of a desire for greater community cohesion and consciousness among nonwhite groups, or a part of a growing national awareness of the problem of child abuse and neglect, and the need to do something about it.) At the same time, this group of respondents appeared wary of talking with the offending parent or guardian, and seemed to prefer consultation with others before making some kind of decision on the course of action to be pursued. This suggests a greater sensitivity toward the treatment and management of child abuse and neglect. It is a sentiment that agencies can further encourage and use to their advantage. For example, if child abuse agencies were to encourage people to at least discuss possible courses of action among themselves, they would be indirectly generating an increased sensitivity to the problem of child abuse and neglect among the population. This should be done even if certain segments of the population are not sure of the services child abuse agencies could provide. With increased awareness and concern among the population, child abuse agencies can embark on a variety of strategies and tactics to seek community support for their services. This suggestion, in itself, describes one strategy which child abuse agencies can pursue.

Mention should also be made of the respondents' apprehension toward reporting to the police and the implications for child abuse agencies. An overwhelming majority of the respondents indicated that they would not report cases of physical child abuse to the police. Whether this reflects nonwhite fears of the police or the judicial system is not clear. Whatever the reasons for such attitudes toward the police, child abuse agencies will have to be extremely cautious in the methods used to gain the confidence of nonwhite communities as long as state law requires child abuse cases to be reported to the police. This may be the most important finding in this study since it identifies very

clearly the boundaries within which child abuse agencies will have to work in nonwhite communities. In other words, it pinpoints the problem confronting child abuse agencies by revealing massive community opposition to an enforcing agency for a law and problem which basically requires community cooperation. Child abuse agencies will have to seek ways of reducing that opposition to the police (and this may entail organizational restructuring and task definition beyond the scope of their present structure, and of this report) or pursue modification of existing state law. A third general alternative is to do nothing at all and hope that the nonwhite communities eventually realize that their own self interest is at stake. This latter alternative is certainly to be discouraged if the charter of child abuse agencies is to be meaningful.

When respondents were asked how they thought members of their respective racial groups were likely to react if made aware of actual cases of child abuse and neglect, there were some slightly different responses. As Table Six shows, thirty six percent thought that members of the community would talk with the offending parent or guardian, 21% believed a child abuse agency would be contacted, 16% believed the community would remain uninvolved, while another 16% believed community members would discuss with someone else before making a decision on a possible course of action. Only 6% thought that community members would contact the police. There were no marked differences among the groups with this question except for the demonstrably larger number of Indians (55%) who felt that members of their community will talk with the offending parent or guardian. No one believed that the Indian community will remain uninvolved. This appears to support some Indian claims that child abuse and neglect are regarded as internal matters for the Indian community. This finding may also reflect the values of the extended family system or a conscious effort to exclude external agencies in child abuse and neglect cases. Since these results deal

TABLE SIX *

Perceptions of Courses of Action Likely To Be Taken By Community

| | Talk with family | Contact child abuse agency | Contact police | Seek other advice | Keep out of matter |
|---|---|---|---|---|---|
| Latinos | 19 (38%) 40.4% | 11 (22%) 23.4% | 4 (8%) 8.5% | 3 (6%) 6.4% | 10 (20%) 21.3% |
| Asians | 17 (31.5%) 33.3% | 9 (16.7%) 17.6% | 3 (5.6%) 5.9% | 11 (20.4%) 21.6% | 11 (20.4%) 21.6% |
| Blacks | 12 (30.8%) 33.3% | 9 (23.1%) 25% | 2 (5.1%) 5.6% | 8 (20.5%) 22.2% | 5 (12.8%) 13.9% |
| Indians | 10 (55.6%) 58.8% | 4 (22.2%) 23.5% | ---- | 3 (16.7%) 17.6% | ----- |
| Total Sample | 58 (36%) 38.4% | 33 (20.5%) 21.9% | 9 (5.6%) 6% | 25 (15.5%) 16.6% | 26 (16.1%) 17.2% |

* Adjusted percentages are provided in this Table

TABLE SEVEN *

Satisfaction With Services Provided By Child Abuse Agencies
N=124

| | YES | NO | NOT SURE |
|---|---|---|---|
| Total Sample | 27 (16.8%) 21.8% | 13 (8.1%) 10.5% | 84 (52.2%) 67.7% |

* Adjusted percentages provided in this Table

with respondents perceptions of possible community action, there is some question of their validity. They must, therefore, be considered along with respondents' admission of their courses of action as reported in Tables Four and Five.

## Receptivity to Child Abuse Agencies

When asked if they knew of any agencies that are specifically designed to deal with child abuse and neglect, 63% responded affirmatively while a smaller, but still significant, number (35%) were not aware of such agencies. On this finding, it appears as if the respective agencies have open to them a number of options to make their services known and available to the communities without having to deal with preconceived notions of agency structure and functioning. Nevertheless, attention is again drawn to the respondents' views about reporting to the police (and their perception of similar community action) and its potential to obstruct community involvement in agency activities and services. Those who were aware of child abuse agencies were then asked their opinion of the quality of services being offered. Only 16.8% expressed satisfaction with such services while 8.1% expressed outright dissatisfaction. The others were either not sure or did not respond (see Table Seven). Since the study was not expressly designed to determine community perception of agency structure and functioning, there were no questions which sought to determine the source of respondents' satisfaction or dissatisfaction. The reasons may be revealed, however, in the quotations which were offered by respondents when asked for suggestions to upgrade services in nonwhite communities (see Appendix One).

A closer look at some of these quotations reveal underlying racial suspicions and antagonisms which pervade American society. Agency officials will

have to confront these racial sentiments if successful services are to be provided in nonwhite communities. Moreover, implementation of some of these suggestions may require increased expenditures and/or organziational restructuring. It may entail, as one Indian observed, a much more broad based involvement in social issues like family planning, adoption, unemployment, institutional racism in edcuation, etc. For example, a group of Indians claimed that child abuse and neglect is more likely among interracially married Indians, or among non-Indian parents with adopted Indian children. They argued that child abuse agencies should address the issue of adoption in a manner which challenges the white stranglehold of the adoption policy making process. Although there is no empirical evidence to support their claim, it is worthy of serious consideration because it relies on a logic which both relates a social issue to child abuse, and simultaneously addresses the question of institutional racism as a source of child abuse and neglect. This logic jibes with the view held by Gelles (1973) who argued that a more multidimensional approach to child abuse is possible by focusing on the sociological and contextual variables associated with abuse.

Child abuse agencies would do well to utilize the general willingness within the nonwhite communities to upgrade and expand services and preventive education programs. When asked about the type of help they would be willing to give to upgrade programs and services, 47% were willing to give moral and verbal support, while 11% were unwilling to do anything or did not answer. This suggests that certain changes in agency delivery systems can probably be desigend and implemented with wide support and input from the nonwhite communities. Various strategies for optimizing community willingness can be identified, discussed, explored, and possibly tried. The overall concern should be to include the community in creating improved services and preventive programs. One strategy

may be to work through established nonwhite groups and agencies and have them act as 'ears' and 'mouthpieces' for the communities, or, the child abuse agencies can identify highly motivated individuals in the respective communities who may be able to generate an electrifying interest in the issue within the community, thus paving the way for broader community input.

The community relations specialist in the Panel for Family Living, for example, can be instrumental in identifying such individuals. Rather than act as a funnel through which certain information is channeled, the community relations specialist can function as the agency's representative in an ad hoc citizen's advisory group. The community relations specialist will then assist the Director in maintaining organizational boundaries while broadening the base for organizational activity. It would be useful to regard the citizen's advisory group as facilitating the implementation of certain services and educational programs, and/or providing some sort of evaluative function. In other words, the goal would be to expand upon and modify existing assumptions which govern current organizational activity, while managing organizational growth and change within existing organizational resources. This may entail some skillful management of (a) the community's willingness to help, and (b) the community's desire for rapid changes in delivery services.

Apart from an apparent underlying suspicion of white controlled agencies serving nonwhite communities, agency officials should be cognizant of certain values within the community which can either support or discourage the practice of abuse and neglect. The question which required respondents to identify parents' rights for their children drew some interesting responses. Twelve percent felt that parents can do anything within limits to their children as compared with 80% who felt the parents should be responsible and observe restrictions on what they can do to their children. Only 2% felt that parents can do

anything to their children. These results suggest a widespread sentiment which is likely to discourage abuse and neglect.

Although the majority of respondents (75%) believed that the community as a whole suffers when individual families engage in child abuse and neglect, 25% were not in agreement with that view. This apparently means that some people need to be educated about the social and personal effects of abuse and neglect, and the cost of dealing with those effects. One way this can be done for example, is to construct a chart which will show both the direct and indirect, financial and nonfinancial costs for abuse and neglect. This can then be printed on regular size posters and/or agency pamphlets for a simple graphic display of a central idea. Despite its simplicity, this suggestion can be one of many others which can be developed to tackle this issue. As long as some individuals believe that there are no short or long term effects of child abuse and neglect in a community, we may have to expect continuing incidences of abuse and neglect.

A final question required respondents to indicate their agreement or disagreement with the idea of a Bill of Rights for children. A total of 69% either strongly agreed or agreed with the idea, while another 20% disagreed or strongly disagreed with such an idea. The other 11% chose not to reply. Despite the small size of the sample, there were some apparent differences in response among the various groups. The Latinos had the largest number (24%) reporting disagreement with the idea and also the largest number (22%) not giving an answer. These results may be reflecting a particular value system or family structure among Latino culture: it may be revealing the difficulty of translating the idea of Bill of Rights into the Spanish Language. Though the latter is possible, it is not plausible for this situation. There is some reason to believe, therefore, that the Latino culture may have

a slightly different view of the role of children in the family. Although further evidence will be needed to support this position, agency officals may take precautionary steps and consider the implications for delivery of services currently being offered or being planned.

## SUMMARY OF MAJOR FINDINGS

(1) There was general agreement on the conceptual definitions of child abuse and child neglect.

(2) One's interaction with other nonwhite groups is not necessarily going to increase one's perception of the extent of child abuse and neglect in one's community.

(3) One's contact with one's racial group is not necessarily going to increase one's perception of the extent of child abuse and neglect in one's community.

(4) Latinos and Asians were more likely to believe in less frequent occurrences of child abuse and neglect in their respective communities than Indians and Blacks.

(5) All groups reported higher levels of child neglect than child abuse.

(6) Those who knew of actual cases of abuse and neglect in the past were not likely to report to a child abuse agency, and never reported to the police.

(7) A larger number of respondents indicated they would now contact a child abuse agency if made aware of actual cases of abuse and neglect.

(8) A majority of the respondents indicated they would not now report to the police.

(9) A majority of repondents believed that the nonwhite community would either talk to the offending parent or guardian, or contact a child abuse agency if made aware of actual cases of abuse and neglect.

(10) A majority of respondents indicated they were aware of child abuse agencies.

(11) A small percentage (17%) expressed satisfaction with services provided by child abuse agencies, while more than half were not sure.

(12) An overwhelming majority indicated willingness to help upgrade services in nonwhite communities.

(13) Twenty five percent did not believe that the community as a whole suffers when individual families engage in child abuse and child neglect.

## CONCLUSIONS AND RECOMMENDATIONS

On the basis of the findings, the following suggestions are offered with the hope that they stimulate discussion and contribute to agency development. They basically revolve around one central idea, i.e., the union or reunion of the communities and child abuse agencies, and are divided into three general categories; public awareness and support, agency actions, and law enforcement issues.

### Public Awareness and Support

(a) Sponsor television and radio public service spots (commercials) which will show the effects of abuse and neglect on the child, the family, the neighborhood, and the society. In this way, it would be possible to communicate the idea that child abuse and neglect have both short term and long term effects. The possibility of having these aired as public service messages should be explored, and the cooperation of hospitals, doctors and nurses solicited in this endeavor.

(b) A 'soap opera,' designed around the topic of the effects of child abuse and neglect can be created and shown on public service television channels.

(c) Publish agency pamphlets and posters in bilingual format to conform with the linguistic patterns of the respective communities.

(d) Establish a community advisory group, or groups, to service delivery and preventive education programs, and to act as one evaluator in the agency evaluation process. A variety of organizational charts can be initially designed to include such an advisory group, and a final decision then made. One approach that can be taken, for example, is to create a small advisory group for each nonwhite community and have one staff worker act as the agency's representative. These workers can then be rotated among the groups to maximize their exposure to different cultural groups. Their experiences may benefit other staff workers and lead to increased agency sensitivity to cultural differences.

### Agency Actions

(e) Employ nonwhite counselors and/or outreach workers.

(f) Send copies of this report to nonwhite groups and agencies and elicit

their comments on it and their suggestions for improving agency effectiveness.

(g) Develop an alternative way to reporting child abuse cases to the police so non law enforcement agencies can deal with child abuse cases for 72 hours without reporting to police.

Law Enforcement Issues

(h) Investigate how law enforcement people really deal with child abuse cases.

(i) Seek some kind of concrete commitment from the police department for a more sensitive approach to the problem of abuse and neglect.

(j) Explore the possibility of having the police departments address the issue of child abuse and neglect in their various public displays and public relations. The concern here is to differentiate the police role in child abuse cases from other roles dealing with violence against others. This should not suggest that one type of violence is more morally repugnant than another, but that the situations within which other types of violence take place are different from the unique situation of the family.

(k) Pursue the possibility of having the police receive some exposure to the complex sociological and philosophical questions deriving from the latter statement. Child abuse agencies may offer their services to police departments by sponsoring sensitizing workshops, and enlist the aid of sociologists and philosophers to grapple with those issues which underlie the police-the family-the child abuse agency complex.

(l) Seek ways to change the current law which requires physical child abuse cases to be reported to the police.

## References


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1973 "Child Abuse as Psychopathology: A Sociological Critique and Reformulation". American Journal of Orthopsychiatry, 43(4), pp611-621.

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1970 Violence Against Children. Harvard University Press, Mass.

## APPENDIX ONE

The following quotations are representative of the range of suggestions offered by respondents. They have been arranged in three distinct though overlapping categories. These categories are (a) Intercultural Requirements (IR), (b) Educational Information (EI), (c) Special Services (SS). Since some suggestions can be placed in more than one category, the following can be viewed as a temporary classification.

| Suggestions | Type | | |
|---|---|---|---|
| | IR | EI | SS |
| (a) "Workshops on how to cope with poverty and frustrations", | | x | |
| (b) "preventive programs that could help parents financially", | | | x |
| (c) "be centrally located in Black neighborhood and/or staffed by that particular group", | x | | x |
| (d) "child care centers to insure adequate nourishment, day care and educational services for poverty level children", | | | x |
| (e) "crisis clinics", | | | x |
| (f) "a program designed and operated by nonwhites", | x | | x |
| (g) "family planning", | | x | |
| (h) "more recreation areas for families to go and keep occupied", | | | x |
| (i) "find work for families so they can take proper care of families", | | | x |
| (j) "programs where parents and children can be taught family living", | | x | x |
| (k) "same as that which they provide for Anglo community", | x | | x |
| (l) "place a Latino member on the staff", | x | | x |
| (m) "provide a program for Spanish speaking", | x | x | x |
| (n) "give out pamphlets in Spanish with advice", | x | x | |
| (o) "advertize in nonwhite media", | x | | x |
| (p) "provide legal and medical advice" | | x | x |
| (q) "provide information on child abuse effects", | | x | |
| (r) "have workers who understand the problems of nonwhite community", | x | | x |
| (s) "specialized counselling for interracial parents", | x | | x |
| (t) "provide bilingual counsellors", | x | | x |
| (u) "bilingual parenting classes", | x | | x |
| (v) "intervention services with consideration and special attention to cultural differences", | x | | x |
| (w) "cultural activities for youth". | | | x |

APPENDIX B

PANEL FOR FAMILY LIVING

TACOMA, WASHINGTON

# CLIENT CHARACTERISTICS AND SERVICE PROVISION

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Panel For Family Living

Client Characteristics

May 1, 1976 - April 30, 1977

## Client load

During the third and final year of service - May 1, 1976 to April 30, 1977 - The Panel for Family Living served a total of 150 adult clients, 102 females and 48 males, representing a total of 107 families (Tables 1 & 2). This is an increase from the previous year of 51% in number of families served and of 62% in number of individuals (50% increase in females; 92% increase in males). In part this increase is due to a research project by a graduate student in psychology who recruited clients for research only. However, even excluding the research subjects there was a 28% increase in families, 33% increase in individuals (26% increase in females; 52% increase in males).

A total of 102 new cases were opened during the year; 17 of these were recruited especially for research. 85 were regular Panel clients. These cases represented a total of 72 families - 11 research, 61 Panel (Table 4). The number of families in service increased steadily throughout most of the year from 33 in May 1976 to 58 in February 1977 when a decrease began in anticipation of termination of all services in May 1977. Even excluding research families, the increase was obvious with the high being 55 families in February 1977. (Table 6)

## Client Characteristics

More than half (59%) of client families were identified as abusive (Abuse or Both Abuse and Neglect); 58% of female clients and 71% of male clients were in this category. Neglect families comprised 19% of the clientele and families in which there was High Potential for Abuse and for Neglect made up 22% of the clientele. However, only 15% of the male clients fell in each of these two categories. (Tables 1 & 2). Within the Abuse and Both Categories, 63% of the women and 68% of the men clients were considered responsible for the abusive behavior (Table 3).

The largest proportion (41%) of clients were referred by a Public Agency for service, 17% were self referred, 15% referred from a Medical facility, and 11% from the Courts or other legal system. Abuse clients (Abuse & Both)

duplicated the total referral picture noted above. Neglect clients, however, came nearly exclusively through a Public Agency (42%), Medical facility (27%), or Legal channel (23%); few were self-referred. On the other hand, many High Potential clients were self-referred (26%), referred by a Public Agency (39%) or a school (10%); few came through a Medical facility and none through Legal channels (Table 7).

Clients, both male and female, were largely Caucasian, with other ethnic groups accounting for at most 1 to 6 percent of the total clientele (Table 8). Eighty-seven percent of the clients were in social class 4 or 5 (Hollingshead Two-factor Index of Social Class), indicating a predominantly lower socio-economic class clientele. Only 4% were in higher social class categories; for 9% the social class was unknown (Table 9). Consistent with the social class categories, the majority of clients (73%) had 12 or less years of education. Twenty-nine percent of the High Potential clients had at least some college or technical training while only 19% of the Abuse and 15% of the Neglect clients had gone beyond high school (Table 10),

Three-fourths of the clients were under age thirty; 11% were age 20 or less (Table 11). The average age of the women (26.5years) was slightly younger than that of men (28.2 years) accounted for mainly by younger women in the Abuse (and Both) category. Fifty-nine percent of the female clients were married or in a permanent living relationship with a man; close to 90% of the males were married or permanently living with a woman (Table 12). The majority of women (78%) were unemployed while the majority of men (69%) were employed (Table 13).

Twenty-eight percent of the women had previous records of abuse and/or neglect before the report that brought them to the Panel; only 13% of the men had previous records (Table 14). Of the clients for whom the information was available, 45% of the women and only 32% of the men were abused and/or neglected as children. For Abuse (and Both) women and for High Potential women, about half had abuse or neglect in their own childhood histories; only one quarter of the Neglect women had this history. For each category, a much smaller proportion of men than women had been abused or neglected (Table 15).

Characteristics of Children

Family size for clients was small; 65% of families had only 1-2 children and only 13% had more than 3 children (Table 16). One child of most concern was

identified in each family; 45% of these children were female, 55% were male. The male/female split was nearly equal in all categories except High Potential; only 22% of children identified in High Potential families were female, 78% were male. The age distribution of male and female children was similar - 18% were infants under 1 year, 43% were in the preschool years 1-5, 37% were school age up to 12, 3% (girls only) were adolescents. The age distributions did not differ appreciably across client category (Table 17). More than half of the children had some characteristic that put them at risk (Table 18); the distribution of these is shown on Table 19. The largest number of children had some characteristic uniquely defined by their parents as "special."

At the time of intake, 56% of female children and 34% of male children were out of the home. More abused females were out of the home, than in, while the reverse was true for males (Table 20).

Service Provision

Full services were provided for 71% of the clients, compared with 66.7% last year. Excluding research clients, 85% of clients received full services while only 15% were limited service (Table 21).

Two-thirds of Panel clients were enrolled in some kind of parent education class, 11% attended group therapy, 10% had parent aides, and 67% received outreach services. Class attendance was 72% ( Table 22) and group therapy attendance 76% (Table 23). Parent aides made an average of 9 contacts per client, although High Potential clients received an average of 16 contacts from parent aides (Table 25). An average of 15 outreach contacts was made per client; Neglect clients received 19 contacts, High Potential clients 10 contacts, Abuse (Both) clients 14 contacts (Table 26).

The average time spent in service was 10 months. This was not appreciably different for the various client categories.

Panel for Family Living

Client Characteristics

May 1, 1976 - April 30, 1979

Table 1
Client Category X Sex of Client

| | Abuse | Neglect | Both | High Pot. | Total X Sex |
|---|---|---|---|---|---|
| Female N | 45 | 19 | 14 | 24 | 102 |
| % of female | 44 | 19 | 14 | 24 | 68 |
| Male N | 31 | 7 | 3 | 7 | 48 |
| % of male | 65 | 15 | 6 | 15 | 32 |
| Total X N | 76 | 26 | 17 | 31 | 150 |
| Category % of total | 51 | 17 | 11 | 21 | |

Table 2
Client Category X Families in Service

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of families | 49 | 20 | 14 | 24 | 107 |
| % of total | 46 | 19 | 13 | 22 | |

Table 3
Client Category X Sex X Responsibility for Abuse and/or Neglect

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Female | | | | | | |
| Yes | 25 | 19 | 12 | 19 | 75 | 74 |
| No | 15 | 0 | 1 | 3 | 19 | 19 |
| Unknown | 5 | 0 | 1 | 2 | 8 | 8 |
| Male | | | | | | |
| Yes | 21 | 4 | 2 | 1 | 28 | 58 |
| No | 6 | 3 | 1 | 6 | 16 | 33 |
| Unknown | 4 | 0 | 0 | 0 | 4 | 8 |

Table 4

New or Re-opened Cases X Month X Sex

| | | Female | Male | Families |
|---|---|---|---|---|
| 1976 | May | 3 | 0 | 3 |
| | June | 9 | 4 | 9 |
| | July | 7 | 5 | 9 |
| | August | 3 | 1 | 3 |
| | September | 2 | 2 | 2 |
| | October | 8 | 3 | 8 |
| | Panel | 4 | 0 | 4 |
| | Research | 4 | 3 | 4 |
| | November | 11 | 5 | 12 |
| | December | 12 | 6 | 12 |
| | Panel | 11 | 5 | 11 |
| | Research | 1 | 1 | 1 |
| 1977 | January | 5 | 3 | 5 |
| | Panel | 3 | 1 | 3 |
| | Research | 2 | 2 | 2 |
| | February | 3 | 1 | 1 |
| | | All Research | | |
| | March | 6 | 3 | 6 |
| | | All Reserach | | |
| | Total | 69 | 33 | 72 |
| | Panel | 58 | 27 | 61 |
| | Research | 11 | 6 | 11 |

Table 5

Terminated Cases X Month X Sex

| | | Female | | Male | | Families | |
|---|---|---|---|---|---|---|---|
| 1976 | May | 1 | | 1 | | 1 | |
| | June | 6 | | 5 | | 7 | |
| | July | 2 | | 1 | | 2 | |
| | August | 4 | | 0 | | 4 | |
| | September | 8 | | 5 | | 9 | |
| | October | 3 | | 1 | | 3 | |
| | November | 5 | | 1 | | 5 | |
| | Panel | | 4 | | 0 | | 4 |
| | Research | | 1 | | 1 | | 1 |
| | December | 3 | | 1 | | 3 | |
| 1977 | January | 4 | | 2 | | 4 | |
| | Panel | | 1 | | 0 | | 1 |
| | Research | | 3 | | 2 | | 3 |
| | February | 7 | | 4 | | 7 | |
| | Panel | | 6 | | 3 | | 6 |
| | Research | | 1 | | 1 | | 1 |
| | March | 7 | | 2 | | 7 | |
| | Panel | | 4 | | 0 | | 4 |
| | Research | | 3 | | 2 | | 3 |
| | April | 16 | | 6 | | 16 | |
| | Panel | | 8 | | 2 | | 8 |
| | Research | | 8 | | 4 | | 8 |
| | May | 34 | | 19 | | 37 | |

Table 6

Clients in Service

| as of: | | Female | Male | Total | Families |
|---|---|---|---|---|---|
| 1976 May 1 | | 31 | 15 | 46 | 33 |
| June 1 | | 33 | 14 | 47 | 35 |
| July 1 | | 36 | 13 | 49 | 37 |
| Aug. 1 | | 41 | 17 | 58 | 44 |
| Sept. 1 | | 40 | 18 | 58 | 43 |
| Oct. 1 | | 34 | 15 | 49 | 36 |
| Nov. 1 | | 39 | 17 | 56 | 41 |
| | Panel | 35 | 14 | 49 | 37 |
| | Research | 4 | 3 | 7 | 4 |
| Dec. 1 | | 45 | 21 | 66 | 48 |
| | Panel | 42 | 19 | 61 | 45 |
| | Research | 3 | 2 | 5 | 3 |
| 1977 Jan. 1 | | 54 | 26 | 80 | 57 |
| | Panel | 50 | 23 | 73 | 53 |
| | Research | 4 | 3 | 7 | 4 |
| Feb. 1 | | 55 | 27 | 82 | 58 |
| | Panel | 52 | 24 | 76 | 55 |
| | Research | 3 | 3 | 6 | 3 |
| Mar. 1 | | 51 | 24 | 75 | 54 |
| | Panel | 46 | 21 | 67 | 49 |
| | Research | 5 | 3 | 8 | 5 |
| April 1 | | 50 | 25 | 75 | 53 |
| | Panel | 42 | 21 | 63 | 45 |
| | Research | 8 | 4 | 12 | 8 |
| May 1 | | 34 | 19 | 53 | 37 |

Table 7
Client Category X Referral Source

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Medical | 10 | 7 | 4 | 2 | 23 | 15 |
| Public Agency | 30 | 11 | 9 | 12 | 62 | 41 |
| School | 0 | 0 | 0 | 3 | 3 | 2 |
| Court/Legal | 10 | 6 | 0 | 0 | 16 | 11 |
| Family | 0 | 0 | 1 | 0 | 1 | 1 |
| Self | 15 | 1 | 1 | 8 | 25 | 17 |
| Other | 1 | 1 | 1 | 2 | 5 | 3 |
| Unknown | 10 | 0 | 1 | 4 | 15 | 10 |

Table 8
Ethnic Group

| | Total | Percent |
|---|---|---|
| Caucasian | 134 | 89 |
| Black | 9 | 6 |
| Spanish surname | 1 | 1 |
| Asian | 2 | 1 |
| Indian | 2 | 1 |
| Unknown | 2 | 1 |

Table 9
Client Category X Social Class

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | |
| 2 | 0 | 0 | 0 | 2 | 2 | 1 |
| 3 | 4 | 0 | 0 | 1 | 5 | 3 |
| 4 | 39 | 8 | 5 | 7 | 58 | 39 |
| 5 | 30 | 15 | 8 | 19 | 72 | 48 |
| Unknown | 3 | 3 | 4 | 2 | 13 | 9 |

Table 10
Client Category X Education

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| No High School Degree | 26 | 15 | 6 | 10 | 57 | 38 |
| High School Degree | 32 | 5 | 5 | 10 | 52 | 35 |
| Some College/Voc. Tech | 16 | 4 | 2 | 7 | 29 | 19 |
| College Degree | 0 | 0 | 0 | 2 | 2 | 1 |
| Unknown | 2 | 2 | 4 | 2 | 10 | 7 |

Table 11
Age X Sex of Client

| | Female | | Male | | Total | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Under 20 | 11 | 11 | 6 | 12.5 | 17 | 11 |
| 21-25 | 40 | 40 | 14 | 25 | 52 | 35 |
| 26-30 | 28 | 28 | 15 | 31 | 43 | 29 |
| 31-35 | 15 | 15 | 8 | 17 | 23 | 15 |
| 36-40 | 4 | 4 | 6 | 12.5 | 10 | 7 |
| 41-45 | 2 | 2 | | | 2 | |
| Over 50 | 1 | 1 | 1 | 2 | 2 | 1 |

Table 12
Client Category X Sex X Marital Status

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Female | | | | | | |
| Married | 34 | 7 | 8 | 11 | 60 | 59 |
| Single | 11 | 12 | 6 | 13 | 42 | 41 |
| Male | | | | | | |
| Married | 28 | 6 | 3 | 7 | 44 | 92 |
| Single | 3 | 1 | 0 | 0 | 4 | 8 |

Table 13
Client Category X Sex X Employed or Unemployed

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Female | | | | | | |
| Employed | 11 | 3 | 3 | 4 | 21 | 21 |
| Unemployed | 34 | 16 | 10 | 20 | 80 | 78 |
| Unknown | 0 | 0 | 1 | 0 | 1 | 1 |
| Male | | | | | | |
| Employed | 20 | 5 | 3 | 5 | 33 | 69 |
| Unemployed | 8 | 1 | 0 | 2 | 11 | 23 |
| Unknown | 3 | 1 | 0 | 0 | 4 | 8 |

Table 14
Client Category X Sex X Previous Record of Abuse and/or Neglect

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Female | | | | | | |
| Yes | 17 | 7 | 3 | 1 | 28 | 27 |
| No | 19 | 6 | 10 | 20 | 55 | 54 |
| Unknown | 9 | 6 | 1 | 3 | 19 | 19 |
| Male | | | | | | |
| Yes | 5 | 0 | 1 | 0 | 6 | 13 |
| No | 19 | 6 | 2 | 6 | 33 | 69 |
| Unknown | 7 | 1 | 0 | 1 | 9 | 19 |

Table 15

Client Category X Sex X Abused and/or Neglected as a Child

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Female | | | | | | |
| Yes | 20 | 5 | 4 | 11 | 40 | 39 |
| No | 18 | 13 | 7 | 10 | 48 | 47 |
| Unknown | 7 | 1 | 3 | 3 | 14 | 14 |
| Male | | | | | | |
| Yes | 9 | 1 | 2 | 1 | 13 | 27 |
| No | 16 | 6 | 1 | 5 | 28 | 58 |
| Unknown | 6 | 0 | 0 | 1 | 7 | 15 |

Table 16

Client Category X Number of Children in Family

(Done on female clients only, we served only 5 fathers without their wives being in service)

| | Abuse | Neglect | Both | High Pot.* | Total | % |
|---|---|---|---|---|---|---|
| 1 | 15 | 9 | 2 | 8 | 34 | 33 |
| 2 | 19 | 2 | 5 | 7 | 33 | 32 |
| 3 | 5 | 4 | 7 | 5 | 21 | 21 |
| 4 | 2 | 2 | 0 | 3 | 7 | 7 |
| 5 | 4 | 0 | 0 | 0 | 4 | 4 |
| 7 | 0 | 2 | 0 | 0 | 2 | 2 |

*one (1%) had no child

Table 17

Client Category X Sex of Child X Age of Child

| Female | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Under 1 year | 4 | 1 | 1 | 1 | 7 | 16 |
| 1 to 3 | 1 | 2 | 1 | 0 | 4 | 9 |
| 3 to 5 | 9 | 2 | 2 | 1 | 14 | 31 |
| 5 to 8 | 8 | 0 | 1 | 1 | 10 | 22 |
| 8 to 12 | 3 | 3 | 0 | 1 | 7 | 16 |
| Over 12 | 0 | 1 | 1 | 1 | 3 | 7 |
| **Male** | | | | | | |
| Under 1 year | 3 | 3 | 1 | 4 | 11 | 20 |
| 1 to 3 | 0 | 1 | 1 | 3 | 5 | 9 |
| 3 to 5 | 8 | 4 | 3 | 5 | 20 | 36 |
| 5 to 8 | 6 | 0 | 2 | 4 | 12 | 21 |
| 8 to 12 | 4 | 2 | 0 | 2 | 8 | 14 |
| Over 12 | 0 | 0 | 0 | 0 | 0 | |

Table 18

Client Category X Sex of Child X Special Characteristics

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Female | | | | | | |
| Yes | 14 | 4 | 4 | 3 | 25 | 56 |
| No | 11 | 2 | 2 | 1 | 16 | 36 |
| Unknown | 0 | 3 | 0 | 1 | 4 | 9 |
| Male | | | | | | |
| Yes | 14 | 6 | 3 | 11 | 34 | 61 |
| No | 6 | 4 | 1 | 6 | 17 | 30 |
| Unknown | 1 | 0 | 3 | 1 | 5 | 9 |

Table 19

Client Category X Sex of Child X Special Characteristics

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| **Premature** | | | | | | |
| F | 3 | 0 | 0 | 0 | 3 | 7 |
| M | 1 | 1 | 0 | 5 | 7 | 13 |
| | | | | | 10 | 10 |
| **Mentally Retarded** | | | | | | |
| F | 1 | 3 | 0 | 0 | 4 | 9 |
| M | 2 | 1 | | 1 | 4 | 7 |
| | | | | | 8 | 8 |
| **Physically Handicapped** | | | | | | |
| F | 0 | 1 | 0 | 0 | 1 | 2 |
| M | 1 | 1 | 0 | 0 | 2 | 4 |
| | | | | | 3 | 3 |
| **Multiple Birth** | | | | | | |
| F | 1 | 0 | 0 | 1 | 2 | 4 |
| M | 1 | 0 | 0 | 2 | 3 | 5 |
| | | | | | 5 | 5 |
| **Emotionally Disturbed** | | | | | | |
| F | 3 | 1 | 0 | 1 | 5 | 11 |
| M | 3 | 1 | 1 | 3 | 8 | 14 |
| | | | | | 13 | 13 |
| **Adopted/Foster** | | | | | | |
| F | 0 | 0 | 0 | 0 | 0 | |
| M | 2 | 0 | 1 | 1 | 4 | 7 |
| | | | | | 4 | 4 |
| **Separation** | | | | | | |
| F | 1 | 0 | 1 | 0 | 2 | 4 |
| M | 2 | 1 | 1 | 5 | 9 | 16 |
| | | | | | 11 | 11 |
| **Other** | | | | | | |
| F | 8 | 2 | 3 | 4 | 17 | 38 |
| M | 7 | 2 | 1 | 5 | 15 | 27 |
| | | | | | 32 | 32 |

Table 20

Client Category X Sex of Child X in or out of Home

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Female | | | | | | |
| in | 10 | 3 | 2 | 5 | 20 | 44 |
| out | 15 | 6 | 4 | 0 | 25 | 56 |
| Male | | | | | | |
| in | 14 | 3 | 4 | 16 | 37 | 66 |
| out | 7 | 7 | 3 | 2 | 19 | 34 |

Table 21
Client Category X Full/Limited Service

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Full Service N | 51 | 23 | 11 | 21 | 106 | |
| % of category | 67 | 88 | 65 | 68 | | 71 |
| Limited Service N | 25 | 3 | 6 | 10 | 44 | |
| % of category | 33 | 12 | 35 | 32 | | 29 |

Table 22
Class Attendance

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients enrolled | 52 | 19 | 7 | 21 | 99 |
| % of category | 68 | 73 | 41 | 68 | 66 |
| Total Sessions enrolled | 374 | 155 | 52 | 154 | 735 |
| Total Sessions attended | 297 | 94 | 33 | 105 | 529 |
| % Attendance | 79 | 61 | 63 | 68 | 72 |

Table 23
Group Attendance

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients enrolled | 11 | 4 | 0 | 2 | 17 |
| % of category | 14 | 15 | 0 | 6 | 11 |
| Total Sessions enrolled | 57 | 42 | | 42 | 141 |
| Total Sessions attended | 33 | 42 | | 32 | 107 |
| % Attendance | 58 | 100 | | 76 | 76 |

Table 24
University of Puget Sound Program Attendance

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients enrolled | 1 | 0 | 0 | 1 | 2 |
| % of category | 1 | | | 3 | 1 |
| Total Sessions enrolled | 2 | | | 4 | 6 |
| Total Sessions attended | 2 | | | 3 | 5 |
| % Attendance | 100 | | | 75 | 83 |

Table 25
Parent Aide Contacts

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients | 6 | 3 | 3 | 3 | 15 |
| % of category | 8 | 12 | 18 | 10 | 10 |
| Number of contacts | 43 | 26 | 20 | 49 | 138 |
| Average contacts/client | 7 | 9 | 7 | 16 | 9 |

Table 26
Outreach Contacts

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients | 45 | 24 | 12 | 20 | 101 |
| % of category | 59 | 92 | 71 | 65 | 67 |
| Number of contacts | 613 | 464 | 175 | 293 | 1545 |
| Average contacts/client | 14 | 19 | 15 | 10 | 15 |

Table 27

Parent and Infant Education

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients enrolled | 6 | 4 | 1 | 5 | 16 |
| % of category | 8 | 15 | 6 | 16 | 11 |
| Total Sessions enrolled | 57 | 54 | 12 | 29 | 152 |
| Total Sessions attended | 54 | 34 | 11 | 18 | 117 |
| % Attendance | 95 | 63 | 92 | 62 | 76 |

Table 28

Stress Management

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients enrolled | 8 | 0 | 3 | 4 | 15 |
| % of category | 11 | | 21 | 13 | 10 |
| Total Sessions enrolled | 48 | | 18 | 24 | 90 |
| Total Sessions attended | 30 | | 5 | 15 | 50 |
| % Attendance | 63 | | 28 | 63 | 56 |

Table 29

Child Management

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients enrolled | 11 | 0 | 1 | 2 | 14 |
| % of category | 14 | | 6 | 6 | 9 |
| Total Sessions enrolled | 65 | | 6 | 12 | 83 |
| Total Sessions attended | 53 | | 0 | 11 | 64 |
| % Attendance | 82 | | 0 | 92 | 77 |

Table 30

Stress and Child Management

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients enrolled | 8 | 0 | 1 | 0 | 9 |
| % of category | 11 | | 6 | | 6 |
| Total Sessions enrolled | 48 | | 6 | | 54 |
| Total Sessions attended | 32 | | 4 | | 36 |
| % Attendance | 67 | | 67 | | 67 |

Table 31

Assertive Training

| | Abuse | Neglect | Both | High Pot. | Total |
|---|---|---|---|---|---|
| Number of clients enrolled | 3 | 1 | 0 | 4 | 8 |
| % of category | 4 | 4 | | 13 | 5 |
| Total Sessions enrolled | 9 | 6 | | 13 | 28 |
| Total Sessions attended | 7 | 6 | | 8 | 21 |
| % Attendance | 78 | 100 | | 62 | 75 |

Table 32

Client Category X Sex X new Clients

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Female | | | | | | |
| reopened | 5 | 1 | 1 | 2 | 9 | |
| new | 22 | 8 | 5 | 14 | 49 | |
| Male | | | | | | |
| reopened | 2 | 0 | 0 | 0 | 2 | |
| new | 16 | 3 | 1 | 4 | 24 | |

Table 33

Client Category X Status of Child During Tenure of Case

| | Abuse | Neglect | Both | High Pot.* | Total | % |
|---|---|---|---|---|---|---|
| In Home for Entire Time | 43 | 7 | 6 | 23 | 79 | 53 |
| Out of Home for Entire Time | 22 | 8 | 5 | 4 | 39 | 26 |
| Removed During Services | 1 | 1 | 5 | 3 | 10 | 7 |
| Returned During Services | 8 | 4 | 0 | 0 | 12 | 8 |
| In and Out More Than Once | 0 | 6 | 0 | 0 | 6 | 4 |
| Unknown | 2 | 0 | 1 | 0 | 3 | 2 |

*one (1%) client had no child

Table 34

Client Category X Sex of Client X re-abuse/continued Neglect of child of concern

| | Abuse | Neglect | Both | High Pot. | Total | % |
|---|---|---|---|---|---|---|
| Female | | | | | | |
| Yes | 1 | 1 | 1 | 0 | 3 | 3 |
| No | 43 | 18 | 12 | 24 | 97 | 95 |
| Unknown | 1 | 0 | 1 | 0 | 2 | 2 |
| Male | | | | | | |
| Yes | 1 | 1 | 0 | 0 | 2 | 4 |
| No | 29 | 6 | 3 | 7 | 45 | 94 |
| Unknown | 1 | 0 | 0 | 0 | 1 | 2 |

# APPENDIX C

## PANEL FOR FAMILY LIVING

## TACOMA, WASHINGTON

SPEECHES TO THE WESTERN PSYCHOLOGICAL ASSOCIATION, 1976 AND THE INTERNATIONAL CHILDBIRTH EDUCATION ASSOCIATION, 1976

# A PARENT ADVOCACY APPROACH TO CHILD ABUSE AND NEGLECT

CHRISTINA NARR
PANEL FOR FAMILY LIVING

PAPER PRESENTED AS PART OF THE SYMPOSIUM "THE ABUSED CHILD: CURRENT PROGRAMS AND FUTURE PERSPECTIVES" AT THE WESTERN PSYCHOLOGICAL ASSOCIATION ANNUAL MEETING, APRIL 10, 1976, LOS ANGELES, CALIFORNIA

Christina Narr
Panel For Family Living

We at the Panel For Family Living approach child abuse and neglect from a slightly unusual perspective. While most agencies in the field take a more or less overt "child protection" stance, we are a parent advocacy organization. As often as we can -- consistent with rational behavior and good practice -- we take the parent's side by offering services, by helping them in dealings with other agencies, and by working to train other professionals and community groups to understand the needs of abusive or neglectful parents.

The approach grew out of a need perceived by a juvenile court worker and a legal aid attorney about five years ago. They felt that Tacoma and Pierce County offered insufficient services for parents either accused of being -- or adjudged to be -- abusive or neglectful. Parents caught up in the "child protection" system seemed to have nowhere to turn for advice, help, or services. So these two workers began to organize other professional volunteers; and they found some small amounts

of money here and there in the community, which enabled them to begin to offer some services. A VISTA volunteer loaned to this informal group helped coordinate group therapy sessions and parent education classes; and slowly a coherent organization began to take shape.

Calling itself the Panel For Family Living, the group applied in 1973 for an Office of Child Development grant to "coordinate community concern for child abuse and neglect." The application was successful, and the Panel now operates with funds from this three-year demonstration grant.

Our activities fall into five general categories: community coordination, community education, professional training, client services, and research. The activities themselves are not, of course, at all atypical; but our parent advocacy approach does have ramifications in each.

One of our major coordination activities, for example, is an interdisciplinary "diagnostic team". This team will offer consultant services to workers

from any local agency, providing advice from many perspectives. We do, however, require a written release from any parent whose case is brought to the team; and we strongly encourage the workers to bring the parents to the meeting. Our encouragement has had little effect, unfortunately: only our workers have ever brought clients to the sessions. But we continue to try, feeling that parents have the right to participate in discussions that can be so important to their lives. As a sidelight, we've been interested to hear complaints from workers in other agencies that the diagnostic team is too "parent-oriented", even though its members are acknowledged community experts who are not otherwise connected with the Panel. The team is in no way encouraged to take sides -- in fact, the opposite is true -- but I suppose like beauty, lack of impartiality is in the eye of the beholder.

Our community education activities include a volunteer speaker's bureau and participation in many local "health fairs" and other programs. Our

approach in the talks and in our literature argues that "it's not easy to be a parent", and that abusive or neglectful parents aren't all that much different from the rest of us. In essence, we stress the needs of the parents rather than those of the child. This approach carries over into our work with the state legislature, in which we attempt to influence current legislation. Our work so far hasn't been spectacularly successful, but we continue to try to state the parent's perspective.

We take a similar tack in our work with professionals from other agencies. We attempt to sensitize them to the peculiar problems of parents who have been labeled abusive or neglectful, in the hope that our work will counter at least a little of the tremendous tide flowing the other way.

I suppose it's in our direct services to clients that our parent advocacy stance is most evident. Our work is aimed at helping the parents extract themselves from the snarl of courts and social workers and red tape they so often find

themselves in; although most of our clients come to us from the courts and the state's Child Protective Services' agency. We try to help parents acquire the knowledge or skill or confidence they need to deal with their kids in a way that will help them stay out of trouble. In some cases we also help parents decide to give up their children. We try to provide -- or help them discover -- the information they need to make realistic decisions, and then we try to provide an atmosphere in which a decision to give up a child creates as little trauma as possible.

Our direct services include group therapy, parent education classes, outreach services, and parent aides. Our group therapy and parent education sessions are run by consultants paid a modest stipend. The parent aides, volunteers, act as "friendly visitors" to reduce our clients' isolation. The outreach work, handled by two of our paid staff, includes the usual counseling, referral, and informational services.

Our outreach staff, -- and other Panel staffers, for that matter -- actively expouse the client's interest in dealings with other agencies, the courts, and the community. Where possible, we intervene on the parent's behalf with the state Child Protection Agency; and we appear for the parents at custody and other court hearings.

Even our research program could be considered parent-oriented; although that certainly should not imply the absence of rigorous and objective procedures or analysis. We feel that our clients deserve the best possible services, and we currently are working to develop some dependable criteria to evaluate the effects of our work.

We also are attempting to test certain hypotheses about parents, children, and environmental factors related to child abuse. The study's quite wide-ranging and fairly complex, so I won't try to examine it in detail. Ultimately, we hope this research will allow us to become reasonably accountable to the parents -- that is, we want to


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be able to justify to them each portion of our intervention. If we can successfully reach that stage, we will have done the clients a real service, for then we can validly claim to know what we're doing, just like mechanics, or T.V. repairmen or attorneys. Instead of sending the poor client off to group therapy or parent education classes, in the hope that something -- some almost random occurrence -- will actually deal with his or her situation, we could then identify a specific problem and outline a specific course of action that could confidently be expected to ameliorate that problem. In that sense, then, our research is client oriented.

Having described our approach and our activities, I'd like now to suggest a few problems that stem from our parent advocacy stance. I'll try not to generalize beyond our experience, but that does not prevent you from doing so.

For one thing, our parent orientation cohabits uneasily with our affirmative obligation under

Washington law to report incidents of child abuse and neglect. If, for example, a client who is, as they say, "not known to the court", comes to us for help, we must report incidents of abuse or neglect we observe, thereby entangling the parent in the coils of a system he or she hoped to avoid by coming to us in the first place. That, of course, creates problems in our relationship with the client and can generate substantial agonizing on our part; but we obey the law.

Parent advocacy also creates tension in dealings with other agencies. In an abstract sense, this can only be seen as healthy, for it indicates the Panel is having some effect in its struggle to assert parent rights. But remember that the Panel began as a coalition of community professionals, in several cases, professionals from the very agencies that now feel the brunt of our parent advocacy activities. The volunteer Board of Directors has managed the stress well, and no Panel volunteer has ever tried to influence the staff's handling of a particular case. Our attempt

to elicit "consumer" opinion also creates some touchy situations. At the annual Panel conference, for example, parents often voice quite harsh judgements about workers from other agencies while Panel members and representatives from those agencies sit side by side in the audience. Uncomfortable silences have been know to occur.

Advocacy of a cause is not, I think, constructive in a therapeutic relationship. In our case, it occasionally has led to a suspension of professional judgment, to a willingness to accede to the parent's wishes without appropriate regard for the ramifications of that decision. We do not have room in our work for the luxury of ideological purity: the potential costs just are too high. And so our parent advocacy approach has been modified somewhat as we have begun to deal more with individual clients.

Perhaps an example will suggest the nature of this problem. An abusive couple has successfully completed a program at the Panel; that is, they no

longer physically abuse their 3-year-old child. He's a perfectly normal child: active, playful, fully competent in the skills one expects at his age. But his parents, although they no longer abuse him, still expect him to behave like a meekly mature teenager. And so they have asked our staff to help modify his behavior. We won't, of course, but refusing the request has created substantial discomfort for some of our staff members: they're having a very hard time girding themselves to tell the parents no.

We're dealing with these problems fairly effectively, I think. And they are a relatively small price to pay for doing a job that needs to be done. Parents do need advocates. Only in rare exceptions are the established state child welfare agencies performing this function; in all likelihood, they cannot perform it since the conflicting roles probably are too disparate to be effectively contained in any one organization.

But there is a more abstract issue the Panel must face over the next couple of years. In the past, we have pretty much accepted the prevailing view of child abuse and neglect: parent advocacy for us has meant helping parents after they have been labeled abusive or neglectful. But we need now to begin to question whether some of our clients ever should have been identified and stigmatized in the first place. Instead of a global "it's not easy to be a parent" approach which allows an ever-expanding definition of abuse and neglect, I think it may be time for parent advocacy groups to help parents by trying to narrow the definition of abuse and neglect and so protect parents from initial entanglements with the law and bureaucracy.

Our experience, limited though it is, suggests that these dangerous labels get pinned most readily on the poor, the uneducated, the family with multiple problems, not on the rest of us. In most cases, these families are helpless to prevent the intervention of well-meaning social workers, even

though they may be raising their kids in strict adherence to cultural mores.

True parent advocacy probably implies fighting against this intervention before it ever begins by rigorously and narrowly defining the grounds on which workers may intervene. And that means going against the whole trend of child abuse and neglect legislation.

Whether the Panel will embark on this troublesome venture is unclear now. But as we mature as an organization, I think we'll be prepared to carefully examine our stand in the light of changing circumstances. And we'll try to continue to help parents in any way we reasonably can.

# A COMMUNITY RESPONSE TO THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

CHRISTINA NARR
PANEL FOR FAMILY LIVING

FROM THE PROCEEDINGS OF THE BIENNIAL CONVENTION OF THE INTERNATIONAL CHILD-BIRTH EDUCATION ASSOCIATION, JUNE 15, 1976, SEATTLE, WASHINGTON

*Christina Narr (Tacoma, Washington), is the Executive Director of the Panel for Family Living in Tacoma. This non-profit agency deals with the problems of child abuse and neglect in Tacoma and throughout Pierce County. She has served as the director for several community-oriented programs, including the Georgia State Foster Grandparent Program in Atlanta. She is on the advisory committee for the Child Protective Services Training and Research Project in Washington State.*

Before I begin talking about the Panel, I would like to commend the Child Abuse Prediction Project at the University of Washington for its efforts to more clearly delineate parental and familial characteristics that lead to child abuse. Any of you who have studied the literature carefully know that the state of research in this area is not the best. There are few studies that even begin to incorporate the basic elements of good research design. This is probably due to the recent attention that's been placed on the problem of child abuse. It's not a new problem, but the attention that it is getting is new.

Also, the lack of research may be due to the seriousness of the problem. Research implies to many of us a slow careful examination of a problem. Any of us who work with families who are experiencing problems of child abuse or neglect are under pressure to do something, anything. And there's an assumption that because of our good intentions we know what to do. I don't think that this is always the case.

We in the clinical field will continue to rely on those people doing good research to provide information which will guide our practice. I'll come back to this idea later when I talk about the Panel services to parents and the research we are doing to evaluate our own services.

The Panel for Family Living is a community program for prevention and treatment of child abuse and neglect. We at the Panel, however, approach these problems from a slightly unusual perspective. While most agencies in the field take a more or less overt "child protection" stance, we are a parent advocacy organization. As often as we can--consistent with rational behavior and good practice--we take the parent's side by offering services, by helping them in dealings with other agencies, and by working to train other professionals and community groups to understand the needs of abusive or neglectful parents.

The approach grew out of a need perceived by a juvenile court worker and a legal aide attorney about five years ago. They felt that Tacoma and Pierce County offered insufficient services for parents either accused of being, or adjudged to be, abusive or neglectful. Parents caught up in the "child protection" system seemed to have nowhere to turn for advice, help, or services. So these two workers began to organize other professional volunteers; and they found some small amounts of money here and there in the community which enabled them to begin to offer some services. A VISTA volunteer helped coordinate group therapy sessions and parent education classes; slowly a coherent organization began to take shape.

In 1973, the Panel applied for an Office of Child Development grant. The application was successful, and the Panel now operates with funds from this three-year demonstration grant. The title of the grant is "Coordinating Community Concern for Child Abuse and Neglect" and coordination is one of our major functions. It's a goal often espoused in the field of child abuse and neglect treatment. One might immediately ask why.

First, we believe that child abuse is a community problem. Our community suffers when children are abused or neglected; hence the desire to stimulate community concern. Secondly, we have found in working with families that it is necessary to coordinate our efforts with those of other workers in order to serve our families well.

For those of you to whom child abuse is a new field, I would like to point out a few things so you will understand what there is to coordinate. Washington State law requires that certain professional persons report cases of suspected child abuse or neglect. All citizens are encouraged to report. First we have the Department of Social and Health Services which is the state social service agency. Child Protective Services is the agency that's charged with investigating all reported child abuse. Child Welfare Services is charged with supervising foster care. So, if children are removed from homes and placed in foster care, this family gets transferred from a Child Protective Services worker to a Child Welfare Services worker. Law enforcement gets involved in any case when a crime might have been committed.

QUESTION: *Isn't child abuse a crime?*

ANSWER: Physical abuse may be charged as assault. If homocide results, that is, of course, a crime. Sexual abuse is a crime chargeable under state law. Emotional abuse or neglect are generally not chargeable offenses.

So, in some cases, law enforcement might get involved. The courts get involved, either Juvenile Court in adjudicating the cases for the children, or Superior Court in cases where there are charges brought against adults. Then community agencies, and that includes the Panel for Family Living, Comprehensive Mental Health Center, schools, churches, Parents Anonymous, mental hospitals, regular hospitals, doctors, etc., get involved. Somewhere in the middle there's a parent or two and some kids; they've got to deal with all of this. And that's why coordination is very, very important.

One of the formal ways that we address the problem of coordination is through what we call our Multi-Disciplinary Diagnostic team. This is a team of professionals from a variety of fields: child psychiatry, pediatrics, psychology, social work, nursing. We consider cases, both of Panel clients and cases referred from other agencies. One of the main functions of this team is to get all the people working with the family to sit down together and talk with one another about their goals for the family and how they intend to accomplish these goals.

Recently we had a case in which one family (two parents, two children) had 15 different workers assigned to their case by different agencies. This family was functioning marginally; the mother was diagnosed as retarded, and yet 15 professional people were trying to tell those folks what to do. Yet, some of the workers did not agree on the acceptable goals for this family.

Parent advocacy enters these proceedings in that Panel clients are invited to participate in team meetings which affect them. We think it's really important. The team is discussing the parents' lives, and we think the parent should be present to hear what's being said, and to contribute his own views. It is not an easy process for anyone, not for the professionals and not for the parent, but it is always a valuable one. It really challenges us. We have to confront the parents with our assessment of how they're doing, and they confront us with their assessment of how we are doing. This is very, very important communication.

The Multi-Disciplinary team is our effort at coordination. And it's an important part of our operation. Another goal of the Panel for Family Living is professional training. We share with the community at large and with professionals our present and changing state of knowledge of child abuse and neglect. We have one person on our staff whose full time responsibility is training. This training includes orienting people towards the problem of child abuse as well as training in case management and treatment techniques. Our training specialist trains mental health nurses, physicians, teachers, Head Start workers--a whole range of folks who work with parents and who may come across problems of child abuse and neglect.

The Panel attempts to educate the public through the activities of a large and active speakers' bureau. It consists of volunteers who are members of the Panel for Family Living. They address about 3,000 people a year in Pierce County. We do a great deal of speaking in high schools and junior high schools. This is our effort at prevention. We try to talk about the problems of abuse and neglect, about how they might occur in families and how young people can find help if they should have these problems as they are starting families.

The final area I would like to discuss is service to parents. One thing that I didn't mention when I first started talking is that we have many goals and a very small staff. So we serve a small number of clients at our agency. I'll give you some statistics on Pierce County and compare that to the parents that we're working with.

Pierce County has a population of approximately 411,000 people. Somewhere between 600 and 800 valid reports of child abuse and neglect are received annually at the Child Protective Services office. Of these, less than 10% go through the courts for action.

The Panel, at any one time, serves about 40 or 45 parents, so we're serving a small number of the actual reported cases of child abuse and neglect in Pierce County. Pierce County has been referred to as the "child abuse capital" of Washington because there are so many reports of abuse and neglect in the county. The volume of reporting is due partly to the vigorous community education activities of the volunteers of the Panel for Family Living for the past five years and partly to the fact that there are two large military installations there. And the facts of military life--young parents who are dislocated from home, who have little money and few people to turn to for help in emergencies or times of stress--adds to the serious problems of child abuse.

The Panel has two people working full time with parents. We call those people outreach workers although they do a variety of things. They do in-home counseling. They give information and make referrals. We had a case management review team visit, sent by our national evaulators in California. This team said, "There's only one problem with your services: the outreach workers' jobs are not very well defined." That suits us fine because we don't want to limit their role. We see our parents needing a wide variety of services. We cannot provide all these services, but we do all that we can. And, we try to be sensitive to our clients' needs and try to find them the services they need in the community.

We also offer two group services: group therapy and parent education. Parent education deals with issues of child development, child management. We're finding that many of our abusive parents are quite ignorant of some of the basic skills involved in taking care of children. Group therapy, on the other hand, addresses problems of parents as adults: adult relationships, getting along with other workers that they have to negotiate with, feeling good about themselves, self esteem, those kinds of things. In working with our clients we've found quite a difference among some of our abusive clients and some of those who are referred to as "high potential to abuse."

We find that the people who have actually abused their children need parent education. They really don't know how to take care of their children. The people who were referred because of high potential to abuse generally have more problems of self esteem, high anxiety, stress and stressful life experiences and can respond better to the services of group therapy or personal counseling.

Another service that we offer is the parent aide program. I think many of you may have heard of this program referred to as lay therapy. The Panel parent aides are volunteers, men and women, who are trained at the Panel and are supervised by our staff. They serve as friendly visitors to parents. They're available 24 hours a day by phone. They visit a few times a week as they arrange with parents. They do a variety of things--social things, going to the park, going out to lunch, fun things. And they also do a little bit of serious talking about nurturing children. These people all have children of their own and often they arrange parent-child outings with the parents.

One aspect of parent advocacy in our direct services is that all of our records are open to the parent. We don't keep any information on parents that's not open to them. We tell agencies that are working with our clients that we maintain this policy and that it includes information that the agencies forward to us about clients. Some agencies choose not to send us information once they know of our policy.

Not only do we have a policy of open records, but we've found that over a period of 18 months or so, nobody was coming in to look at their records. Either they didn't understand the policy or they didn't believe us. We've now instituted a policy that every few months, as part of the treatment, the client reads his record to see what's in it. This has been very useful in pointing out progress and pointing out areas that are still to be worked on. And the parents can actually see it documented in their file.

Parents also help us in designing forms, in thinking about what kind of information should go into the files, what kind of information we should keep on clients, what is useful. They help us think about these problems and their recommendations are part of our decision-making process in providing direct services.

Finally, related to our services, is our client service evaluation. We consider evaluation to be an integral part of our services. We feel it is a service to clients to evaluate what we're doing. We want to offer the best, the highest quality services possible, and we want to offer services that are relevant to their needs.

Our evaluation uses a battery of tests that tap parent characteristics. All of our data-gathering is done by the outreach workers. So in choosing measures, we picked those that were valid and reliable and, at the same time, easy to administer. We needed to design an evaluation project that would give us the information we wanted. Yet it had to be a design our staff could actually do.

At this time, in the area of child abuse treatment, I think we use a shotgun approach. If a program offers parent aides and group therapy and parent education, all are given with the hope that something will work. After the parent receives all these, nobody is really sure what worked. At the Panel, we evaluate the effects of our different services based on clients' characteristics when they enter service. We hope that this will allow us to make, in the future, a better match of client needs to available treatments. We also plan to use this information in designing new treatments. For example, we find on the standardized measures we use to assess anxiety, that the mean anxiety level for our parents is at the mean of hospitalized psychiatric patients. We are dealing with very anxious people. We don't have a service that addresses their anxiety directly. This evaluation information is going to have much impact on the kind of services that we plan in the future.

Parents Anonymous is another group that we work with very closely. It serves as a resource for our clients. It is a self-help group of parents who have abused and neglected their children. They meet on a weekly basis to help one another solve problems of child abuse. It's been certainly very effective for our clients and that seems to be the experience nationally.

Parents Anonymous is an independent organization, but we try to support it in any way that we can. It's growing very rapidly in Pierce County. There are four chapters now, with three more on the way.

QUESTION: *Does the policy of open records have any negative effects on the clients?*

ANSWER: We certainly have never had that experience. As I mentioned before, everybody who sends us records knows that our records are open. Often people self-select out some of the more heavily labeling evaluations which, frankly, I don't think are that useful. There are many labels attached to people, including child abuser, that really don't describe what that parent's needs are and how to go about helping. An argument for open records, from my point of view, is that this practice forces us to be honest with our clients about our view of their behavior. It's easy to avoid confronting clients. Yet I believe that in order for somebody to take responsibility for his behavior, he needs to be confronted with it.

QUESTION: *Do people refuse services from the Panel?*

ANSWER: One advantage to the Panel's services, which are outside the established child protection system in the state, is that parents often see us as a non-threatening agency. They're more willing to accept services from us than they would be even from a mental health center. We have a very difficult time getting parents to participate in group therapy, their response is, "I'm not crazy, I don't need it." And they're right, they are not crazy, but they do need group therapy. It's the name that prevents them from taking part. The name also keeps them away from the mental health center.

QUESTION: *How can one help the abusive parent?*

ANSWER: Sometimes only time and the concern of other people can reach the abusive parent. Constant concern is necessary, and that's very hard to give. This is a difficult field for workers. It is not a pretty sight to see a battered child, and it's very, very hard to control your own feelings about that parent when you see a child that's been seriously injured or malnourished. It's difficult and then it's additionally difficult to reach out again and again and get the cold shoulder. But it is something we must do. What I would recommend, if you're in the position of reaching out to a parent with these problems that you find for yourself a support person, somebody you can yell and scream at and talk to when you get frustrated in working with a family.

QUESTION: *Do many parents realize that they need help and ask for it voluntarily?*

ANSWER: Parents seldom refer themselves to Child Protective Services. In Pierce County, self-referrals occur in approximately three cases a month. At the Panel, we get about 25% of our parents on self-referral. Some of them have already been confronted by, for instance, school officials or agency staff, but they seek service themselves. Some people just simply come in because they're concerned with their lack of ability to deal with their children. I think parents want help. That certainly has been our experience at the Panel. Even when parents are court-ordered to attend service, when there's some bravado and statements like, "I don't need to be here," that attitude very quickly breaks down.

QUESTION: *Is the Parents Anonymous program helpful?*

ANSWER: A friend to contact in an emergency or when a parent is under stress is very important. Some parents can make contacts through classes offered by the local community colleges, like Parent Effectiveness Training. Co-op nurseries are also helpful if they are available. Parents can make friends, have a little time off from their children, as well as participate in the operation of the co-op and observe other parents. These things, as well as Parents Anonymous contact, can be very helpful to the parent.

QUESTION: *What is included in speakers' bureau presentations to schools?*

ANSWER: We include statistics about child abuse, discuss the different forms of child abuse, how child abuse can happen in families, the pressures in families that lead to this. Often we take Parents Anonymous members along who tell their stories about their experiences and how they treated their children before they took part in Parents Anonymous. We find that the young people are really responsive to this and don't have any problem understanding at all. Sometimes, however, we do have young people who will talk up and identify themselves as abused. We've been having an incredible number of self-reports of sexual abuse. It seems like every time we speak to a high school or junior high class these days at least one girl comes up and identifies herself to the speaker or else speaks to the teacher the next day.

In our talks, we do address the problem of sexual abuse and discuss the idea that children have a right to protection. Children have a right to decent treatment and a life without fear. Unfortunately, after we say that, we don't have a whole lot of services for kids, anywhere. They might get some protection, if they will make a referral to Child Protective Services. We tell them that if they are making a report to us, we are bound to report to Child Protective Services and we tell what that would mean. We tell them that Child Protective Services is bound to report sexual abuse to law enforcement because this is a case of a crime being committed. The likely result of that would be that their father would be charged and put in jail and they will be put in foster care.

We really try to work through the school counselors. They've been very helpful. What we're trying to do now, as part of our community coordination effort in Pierce County, is to get together a coalition of interested professionals to improve treatment for sexual abuse. We would like to try to prevent this automatic break-up of families. Sexual abuse is a complex problem. There are different kinds of people involved in different families with different needs. Sometimes it is not appropriate to break up the family.

We're trying to re-design Pierce County services to make them more responsive to the different needs of families involved in sexual abuse. This is a new effort. In most communities sexual abuse still cannot be discussed openly. Sexual abuse is one of those problems in which, oftentimes, court intervention is really helpful. If it can be offered in a way that allows people some options. It is often helpful to have that authority behind the people who are going in to try to aid that family.

There's a program in Santa Clara County (California), operated by the Juvenile Probation Department which is very successful. This program offers a variety of options. Some of the men are in prison, some of the men are on work-release, some of the men are on probation. The director of the program points out that many times the fathers really need to make restitution. Going to jail, even for two weeks, is like public expiation of their sin. They feel bad about it and they just didn't know how to control it.

Another thing that seems to be crucial for sexual abuse is group treatment of some sort. I've heard one person (and I think it's kind of an oversimplication of the problem) refer to many sexual abusers as con-men who con therapists and con social workers and con everybody else who's trying to intervene. I guess the feeling is that it's lots more difficult to con 40 people than it is to con one. So, treatment in fairly confronting group situation seems to work.

A lot of psychiatrists will not take a referral for sexual abuse unless it's been adjudicated. That makes intervention very difficult in those cases where you can't get any evidence because nobody wants to testify.

QUESTION: *How often are children taken out of the home?*

ANSWER: About 4% of the cases in Pierce County involve placing the children in foster care. Very rarely are children permanently taken away. It's a very, very difficult court procedure. There are real problems in foster care and adoption. We often think we're doing a child a big favor, taking him out of the home. That's not the case. We can look at that home and say it's dirty. There are roaches, the kid doesn't get fed right, but there's some bond there with those adults that allows that child to develop some feeling of belonging. A feeling of being a person. And lots of time we will snatch a kid out of there. Put him into a nice, clean foster home, or worse yet, an institution.

It's very difficult. The kid feels guilty--that it's all his fault. If he felt at home that he wasn't worthwhile, he's sure of it now because he's been banished. Also, we just don't have good places to care for kids. That's another whole problem.

I think, though, on a more optimistic note, that many cases are remediated and the situations are much better. And certainly much better than the alternatives.

QUESTION: *How long do clients stay in service?*

ANSWER: That really varies. Some parents are only with us three or four months. We have one or two parents that have been around since 1971 or 1972 when the Panel was an all-volunteer organization. We try to set goals with the client on a regular basis and to document progress towards these goals. Termination is generally a mutual decision except when people leave the area. Some people just decide they've had enough and go on to other things.

Sometimes that's okay. Things may not be exactly right, but it's an effort on their part to lead an independent life and they know where to get ahold of us.

QUESTION: *Do you do any follow-up?*

ANSWER: Formally, we follow people 30 to 90 days after we terminate a case, but for those people who remain in the area, we often have an informal follow-up. We'll run into them at Parents Anonymous, at speaking engagements, things like that. Many of them become active in our programs, in our membership and our Board of Directors.

QUESTION: *Do you feel confident that they won't hurt their children once they are no longer in service?*

ANSWER: Yes, a lot of them. It's important to say that we see the whole range, the whole spectrum of what's called child abuse and neglect. Everything from severe diaper rash to near starvation and so you're dealing with a very diverse population. And there are many people in that population that we feel very confident about as far as caring adequately for their children.

APPENDIX C 1

PANEL FOR FAMILY LIVING

TACOMA, WASHINGTON

SPEAKER'S BUREAU ACTIVITIES

| MONTH | NO. OF SPEECHES | ESTIMATED TOTAL AUDIENCE | MONTH | NO. OF SPEECHES | ESTIMATED TOTAL AUDIENCE |
|---|---|---|---|---|---|
| May 1974 | 10 | 320 | January 1976 | 13 | 405 |
| June " | 6 | 385 | February " | 8 | 240 |
| July " | 6 | 300 | March " | 9 | 270 |
| Aug. " | 2 | 210 | April " | 12 | 446 |
| Sept. " | 1 | TV Broadcast | May " | 9 | 365 |
| Oct. " | 10 | 405 | June " | 1 | 25 |
| Nov. " | 10 | 311 (+ Radio Brdcst) | July " | 0 | 0 |
| Dec. " | 7 | 507 (+ TV Broadcast) | August " | 2 | 45 |
| | | | September " | 6 | 150 |
| Jan. 1975 | 10 | 275 (+ TV Broadcast) | October " | 10 | 300 |
| Feb. " | 15 | 550 | November " | 11 | 320 |
| Mar. " | 4 | 115 | December " | 8 | 250 |
| Apr. " | 11 | 370 (+TV Broadcast) | | | |
| May " | 13 | 688 | January 1977 | 7 | 200 |
| June " | 2 | 85 | February " | 10 | 275 |
| July " | 1 | 30 | March " | 12 | 385 |
| Aug. " | 0 | 0 | April " | 6 | 180 |
| Sept. " | 8 | 260 | | | |
| Oct. " | 11 | 375 (+ TV & Radio) | | | |
| Nov. " | 7 | 203 | | | |
| Dec. " | 14 | 829 | | | |

SUMMARY OF AUDIENCES...

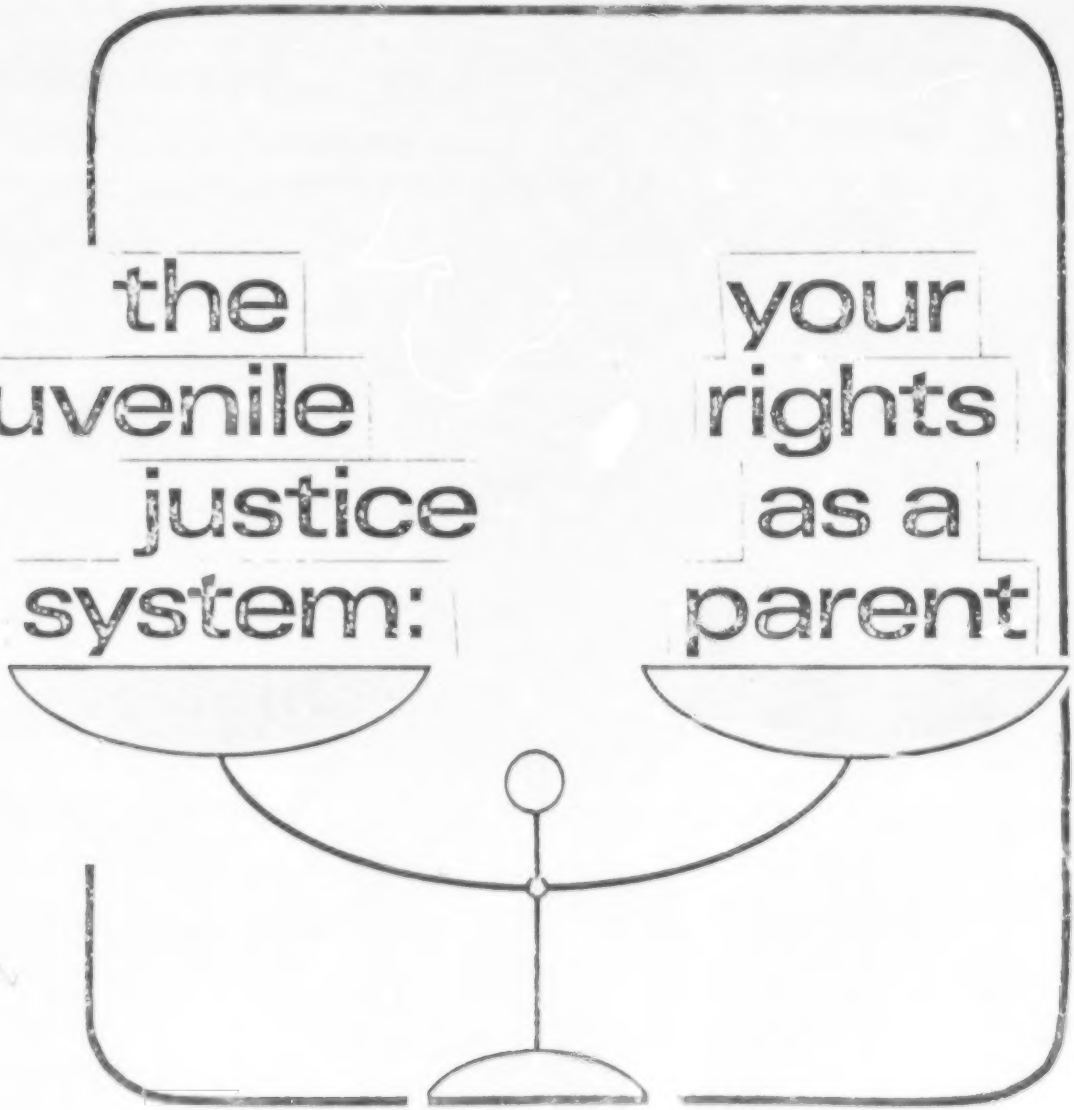
| | 5/1/74 - 4/30/75 | 5/1/75 - 4/30/76 | 5/1/76 - 4/30/77 |
|---|---|---|---|
| SCHOOLS | | | |
| Elementary | 2 | 7 | 3 |
| Junior High | 2 | 4 | 3 |
| Senior High | 11 | 21 | 36 |
| Post-High | 3 | 5 | 9 |
| PROFESSIONAL GROUPS | 13 | 21 | 14 |
| SERVICE CLUBS | 17 | 24 | 11 |
| BROADCAST MEDIA | | | |
| Radio | 2 | 2 | 3 |
| TV | 3 | 3 | 2 |

# APPENDIX D
# PANEL FOR FAMILY LIVING
# TACOMA, WASHINGTON

## PUBLIC POLICY HANDBOOK

# the juvenile justice system:

# your rights as a parent



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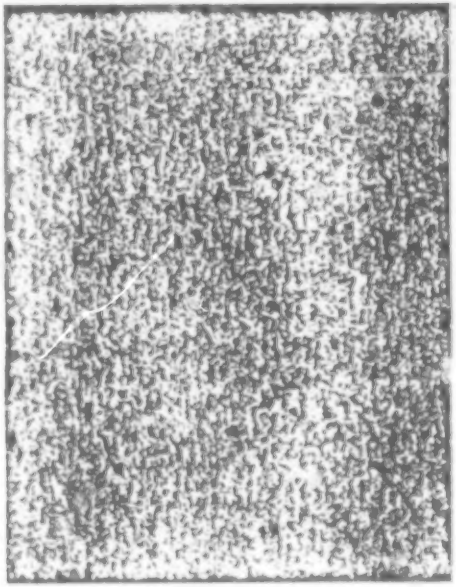
The children who appear in this brochure are *not* victims of child abuse or neglect. The adults who appear are *not* neglectful or abusive parents.

# Introduction:

## *It's a complicated system.*

This booklet has been created to help you understand a little bit about the Tacoma/Pierce County juvenile justice system as it applies to parents who have been charged with abuse or neglect. It won't answer all your questions, and it certainly won't replace the advice of a concerned worker or good attorney; but it may help to explain some of the basic facts about a complicated system.

And that's the first fact to keep in mind: the juvenile justice system is a *very* complicated thing. Many agencies deal with children and their parents, including the police, public and private social service agencies, the juvenile courts, and, sometimes, adult courts. While it's fair for you as a parent to assume that they have your child's best interest at heart, you also should realize that the professionals may disagree among themselves. And that can lead to problems for you: Whose advice or instructions do you follow? Which of these people best understands your problem and knows how to help you with it? Who really has the authority to tell you what to do? How do you make sure that your opinions get listened to?



Unfortunately, there's no simple answer to these questions. As a practical matter, it's very hard for a layman to deal with professional bureaucracies. It takes too much time, and too much information that most of us just don't have. And so, traditionally, we go to lawyers for help.

A good lawyer (we'll discuss how to find an attorney later) can help guide you through the juvenile maze, and so can this booklet. But you can be your own best friend if you:

- Try to think honestly about the problem that got you involved in the system in the first place.
- Decide for yourself how to correct this problem or convince other reasonable people that it doesn't justify interference in your family.
- Have faith in your own good sense and try to make sure the people you deal with clearly understand your point of view.
- Work to understand the system so you can get the best possible service from it.

We hope the information that follows will help.

# Overview:

## *Here's a sample case.*

To get an outline of the system, let's look at a sample case.

1. A neighbor, teacher, or doctor tells the police or Children's Protective Services (CPS) that the parents are abusing or neglecting a child.

2. If the case seems serious enough, the CPS worker will get a police officer and a warrant to enter the home. Otherwise, he'll go to the home and hope to be allowed in. If he finds serious abuse or neglect and feels the child is in danger, he can get a court order to have the child taken from the home. He also can go to court without taking the child away. In most cases, however, the worker will try to deal with the case without getting into formal court proceedings.

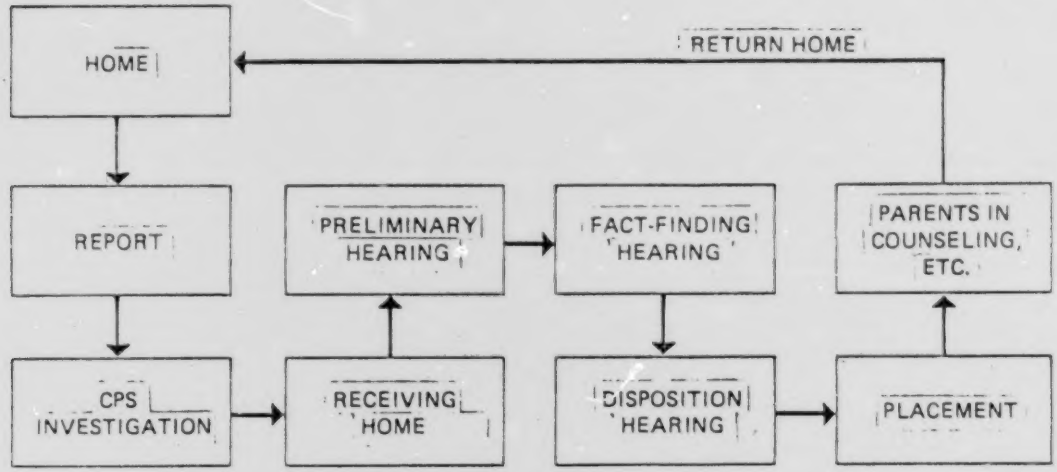
3. If the child is taken to a receiving home, he may be kept there until the juvenile court hears the case. The parents can ask for a detention hearing (sometimes called a preliminary hearing) to try to get the child out of the receiving home until the trial or fact-finding hearing.

4. At the fact-finding hearing, both sides present evidence and the judge decides whether or not the child should be named a dependent and made a ward of the court.

5. If the judge makes the child a ward of the court, he then moves on to a disposition hearing, which can be held immediately or at some time in the future. At this hearing he decides what should be done with the child. Generally, this means sending him home or placing him with a relative or in a foster home. At this hearing, the judge may also set up a program for the parents to follow to help get the child back or have him released from the court's control.

6. Usually the case goes back to court several months later so the judge can decide if the child can safely return home. The child may return home and later may be released from the court's jurisdiction.

In diagram form, the process might look something like this:




Although a case might go this way, *most* do not: The CPS worker may decide there's no problem and drop the case; or he may decide the case can be handled outside the court and work with the parents or refer them to another agency; or the parents may win in the fact-finding hearing so the judge ends the proceeding there. There are many different ways of handling these cases, and we can only list a few.

But having looked at a general view of the system, we can now move on to look at a few of its specific aspects.

# Juvenile Court:

## *The judge makes the decisions.*

The Pierce County Juvenile Court is located in Remann Hall in Tacoma. It handles almost all cases involving juveniles (kids under 18). It has one judge, a Superior Court judge who is assigned to the juvenile court for one year. And it has one commissioner, appointed by the judge, who also hears cases.

Under Washington law, this court has the authority to remove children from their homes either temporarily or permanently, or to assume control over the children while they remain at home. It can order the parents to do certain things to keep their kids or get them back from foster homes. And it can decide there is no problem and order the police or state agency to drop the case.

It hears cases involving both dependency (where the parents are claimed to be at fault) and delinquency (where kids are said to be at fault). But the procedures differ, and we'll deal only with dependency hearings.

Anyone can report suspected abuse or neglect to law enforcement agencies or CPS. Usually a CPS worker will visit the home to investigate the charge, talk the case over with a juvenile court probation officer, and then decide whether or not to file a dependency petition in the juvenile court. This petition states the case against the parents and is the basis for court hearings.

In some cases, however, a law enforcement official (usually a policeman or deputy sheriff) will investigate and may take the child from his parents if he finds a situation that suggests the law has been violated and the child is in danger. The CPS worker cannot remove the child without a court order or the parent's consent. The child may be taken to Remann Hall's residential facility or a receiving home.

As soon as the child is removed from the home or a formal petition is filed with the court, the parents have the right to ask for a court-appointed attorney if they cannot afford to hire

their own. They should have the help of a lawyer from this point on.

If the child is taken from his parents, they can ask for a preliminary detention hearing to argue that the child should be returned home while waiting for a hearing on the charges in the petition.

The fact-finding hearing is the next formal step. The point of this hearing is to find out whether the facts stated in the dependency petition are true and if, on the basis of those facts, the child should be judged dependent and made a ward of the court. Besides the judge or commissioner and the parents, several officials usually will attend. There will be a prosecutor, who will present the State's case; a *guardian ad litem*, an attorney appointed to represent the "best interests" of the child as he sees them; the parents' attorney; the CPS worker who made the initial investigation, and a Juvenile Court probation officer who has looked into the case.

The parents may be represented by an attorney (and certainly should be), who can call witnesses to support the parents' case. These witnesses might include friends and neighbors, the child's teacher, a doctor, or any agency workers who have dealt with the family.

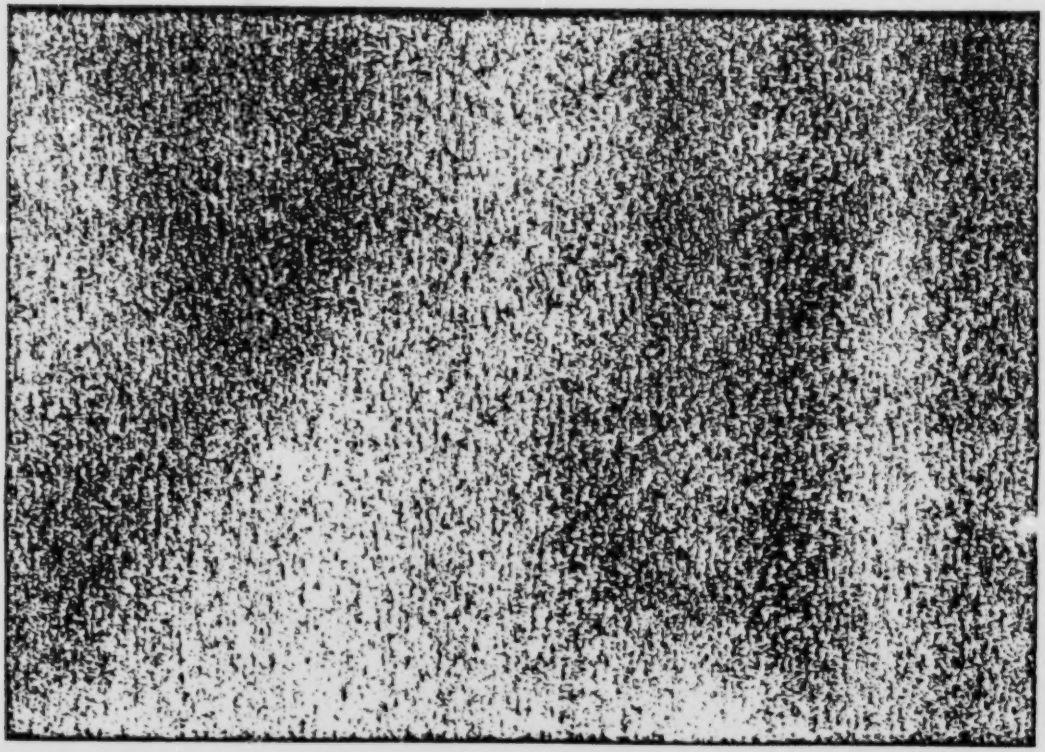
The hearing has to follow formal procedures, including strict rules of evidence. But once the judge has made his decision, sometimes called a "finding," that the petition is justified and the child should be made a ward of the court, the rules change.

The next step is a disposition hearing, which may come right after the decision or may be delayed for as much as two weeks. In this hearing, the judge can accept all sorts of evidence. This is because he is trying to understand what is best for the child, and some of the things that might affect this decision don't fit the rules of formal evidence. Again, the parents should be represented by an attorney so they can best present their side of the case.

The usual result of this hearing is that the child is returned home and a Department of Social and Health Services worker is assigned to work with the family to correct the problem that led to the dependency finding.

In some cases, however, the judge will decide that the child should be placed in a foster home or institution while the parents undergo counseling or other treatment. If the parents successfully complete the program ordered by the judge, the case will be reviewed. But the parents may request a review at any time.

Whether the child is removed or not, the parents should work with their

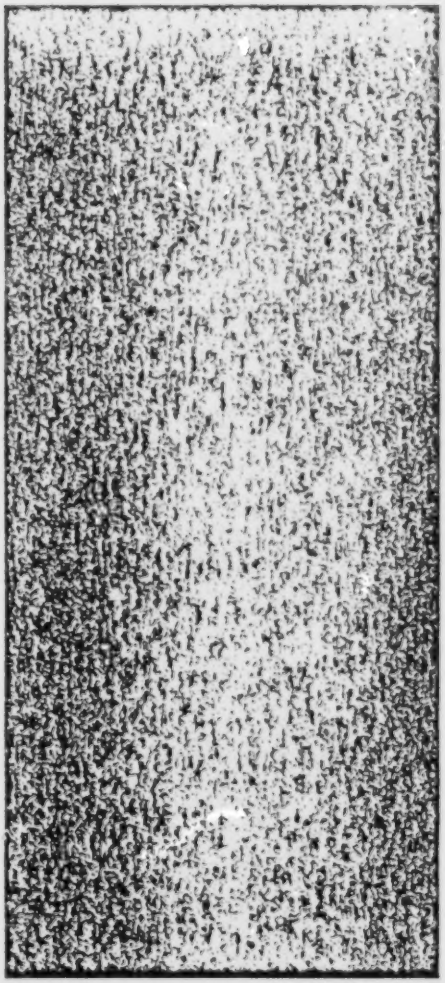


lawyer, the CPS worker, and the court worker to be sure that everyone understands what the parents must do to get the child back and end the court's wardship. Here again, an attorney can help the parents obtain a clear and reasonable disposition order.

In a *very* few cases, the child is taken away permanently. This usually is an unchangeable decision; any of the others can be altered as conditions change.

Except in permanent deprivation situations, the last step in juvenile court proceedings is an order dismissing wardship and ending the court's involvement with the family.

This short description of the juvenile court process in neglect and abuse cases leaves out a lot that can be important to parents; there are too many alternatives at each step along the way to discuss them all. That's why this booklet does not replace the advice of a competent attorney or experienced social worker. Perhaps, though, it will provide a starting point for those who want to understand the court system.



# Attorneys:

## *A lawyer is the best guide.*

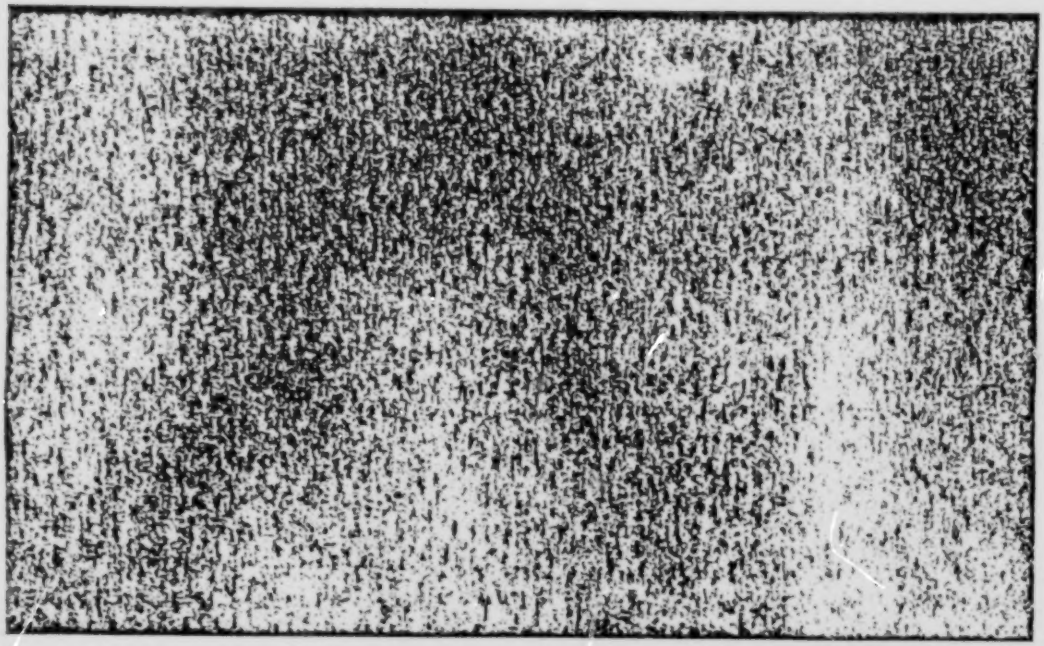
Several times in this booklet we've referred to the importance of having an attorney when you're dealing with the juvenile authorities. You have a right to be represented by an attorney at any point in the process, but your right to a *court-appointed* lawyer begins only when a petition has been filed, your child has been taken away, or you have been arrested. You may ask for a court-appointed attorney if you cannot afford to hire one.

If you hire your own lawyer, it's best to get one who has worked in the juvenile court or the juvenile system before. It's a little like riding a bus: you'd like to leave the driving to him, but if he hasn't been on this route before – even though he may be a good driver – you've got to be careful he doesn't miss your stop. You're better off with a guy who has driven here a few times before. The juvenile system is unlike most other forms of legal practice, and you'll be more likely to have a smooth trip through it if your lawyer knows its ways.

We stress hiring your own lawyer because of the way the court system is set up. The court-appointed lawyers serve for only two months at a time, so if your case begins in July but runs over into September, you may have to deal with two different lawyers. That makes it very hard for the attorney to provide the kind of in-depth service you may need.

Finding an attorney with right kind of experience can be hard, but there are a couple of places to try. First, check with your friends to see if any of them know lawyers who have worked in the juvenile court. Then call the Tacoma/Pierce County Bar Association's Referral Service (383-3432) to see if they can suggest some names for you. The Association can tell you of an attorney who will talk with you for half an hour for only $10. If you cannot afford to hire an attorney, call the Pierce County Department of Assigned Counsel (593-4787) for information on appointed lawyers.

Once you have a lawyer, whether appointed or hired, you can do a lot to help him. Think about your side of the case and try to explain it to him as clearly as you can. If you have neighbors who will make good character witnesses, give him a list of their names. And be sure to give him the names of any professionals that you think will speak well of you: teachers, doctors, social workers, and ministers or priests all can be a great help when he is preparing your case. And be sure to show him any papers connected with the case, especially the petition that's been filed against you in the court.



# Rights:

## *Parents do have some choice.*

Here is a list of rights that might be important to parents involved in the juvenile system:

**Entry:**
You can refuse to let a CPS worker enter your home unless he has a court order. You also can refuse to admit law enforcement officers in most situations.

**Counsel:**
You have the right to an attorney at every point in the process. If you cannot afford to hire an attorney, you have the right to a court-appointed lawyer only after the petition is filed or your children are taken away (this may happen before a petition is filed in very serious cases).

**Right to Remain Silent:**
You cannot be required to answer any questions that might incriminate you in a criminal case. Since abuse or neglect can sometimes be defined as criminal acts, you should be careful about what you say about the case to workers, hospital staff, or law enforcement officials.

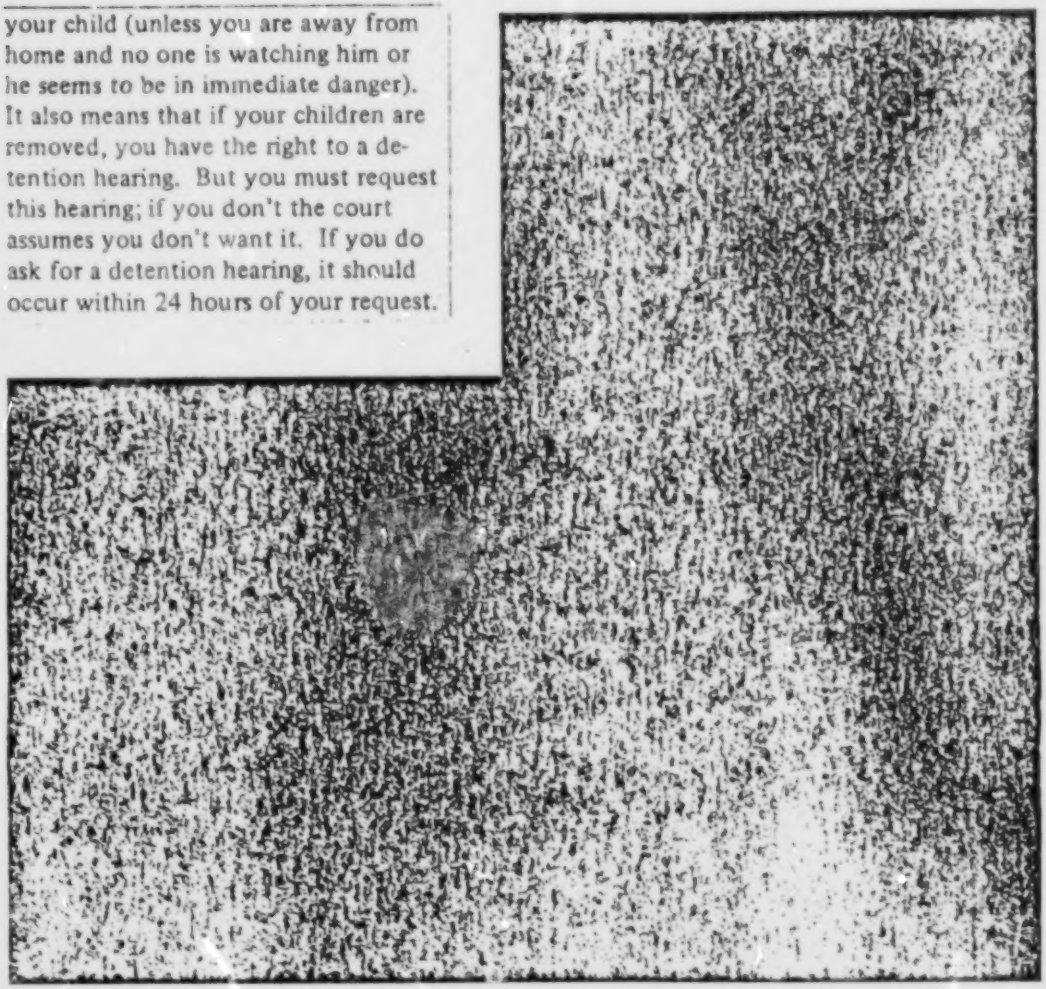
**Services:**
Until ordered to do so by the Court, you can refuse to participate in any services. You don't, therefore, have to follow any worker's "suggestions" unless you feel it's best.

**Notice[1]:**
You are entitled to "timely" notice (at least 72 hours earlier) of any hearings involving you or your child. If you can't be found, however, this notice can be published in a local newspaper.

**Notice[2]:**
Another form of "notice" means that you have the right to be told of all your rights in the proceedings against you or your child.

**Detention:**
You have the right to keep your children at home unless a court has ordered otherwise. This means the police or CPS must have a court order to take

your child (unless you are away from home and no one is watching him or he seems to be in immediate danger). It also means that if your children are removed, you have the right to a detention hearing. But you must request this hearing; if you don't the court assumes you don't want it. If you do ask for a detention hearing, it should occur within 24 hours of your request.



# Financial Responsibility:

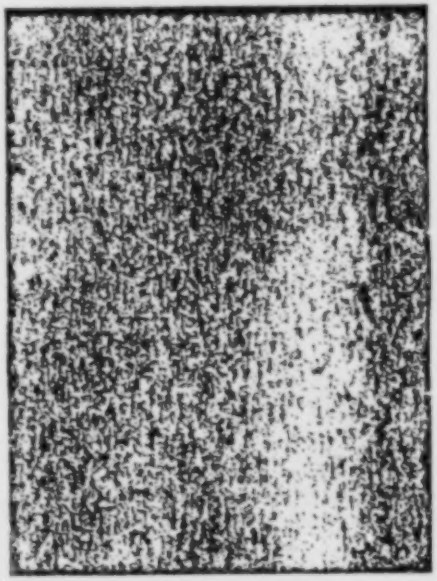
## *Parents often must pay for care.*

The responsibility for supporting and educating children rests with the parents. This includes step-parents, but the step-parent's responsibility ends if there is a divorce. Parents currently are required to repay the state for care of their children outside the home, except when the child is placed in a facility for the blind, deaf, or disabled.

Most repayment operations are handled by the Support Enforcement Collection Services (SECS) of the Department of Social and Health Services.

It is to the parent's advantage to see that a court order clearly states repayment terms. For example, if the court has ordered the parents to pay a certain part of foster or group home costs, SECS will attempt to recover the specified amount. If there is no court order, SECS may serve a notice requesting full payment for all care.

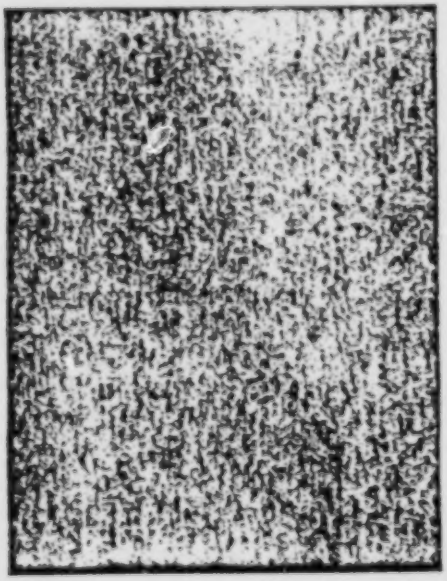
If the parent disagrees with the terms of this request, he can ask for an administrative hearing through the Department of Social and Health Services to adjust the amount. The law provides SECS with the power to collect half of the parent's income for support payments, but he has a right to a fair hearing if he requests it.



# Workers:

## *Several agencies may be involved.*

**Child Protective Services**
The CPS worker is employed by the State to help protect children from abuse and neglect. He investigates all reasonable reports of children in danger, and must report to the proper authorities if he finds abuse or neglect.



CPS also helps families with children to prevent abuse and neglect. The worker may provide counseling, training, crisis intervention, temporary foster care, day care, family therapy, or other services. He may refer parents to another agency or he may provide the help himself.

CPS workers are not police officers, they have no more power of arrest than any citizen. But they are investigators and will use police support if they must. Like the policeman, however, the CPS worker is a public servant; he deals in the protection of our society's young.

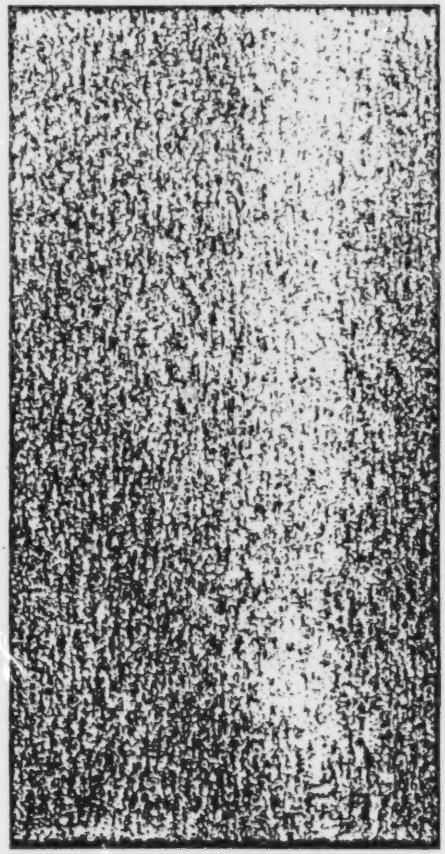
**Juvenile Court Probation Department**
The probation officer is appointed by the court to look into the situation that led to a court hearing. The probation officer must submit a written report about the family, the home, and any other information that will help the court understand the case.

The probation officer represents the child's interests at court hearings. The probation officer is responsible for the child during the court process and until a final disposition is made.

Child Welfare Services

The CWS worker is employed by the State to provide social services to children in their own homes, in foster homes, and in adoptive homes. The adults who look after these children often are included in the social services provided by the CWS worker.

The CWS caseworker places children in foster homes and works with the parents so the children can return home. The CWS worker arranges for children in foster care to visit their parents. The CWS worker usually must report back to the juvenile court about the progress of both the children and the parents.



# Definitions:

## *There's a new language to learn.*

**Abuse or Neglect** – Legal terms that mean physical or emotional treatment which endanger a child's health, welfare, or safety.

**Custody** – Usually refers to actual physical control over the child.

**Dependent child** – One who the court has found to be without adequate parental care.

**Deprivation** – The court takes custody of the children, taking them out of the home.

**Detention hearing** – A hearing in juvenile court to decide whether a child should be held by the court or returned home until the fact-finding hearing.

**Disposition hearing** – A hearing held after a child has been declared a ward of the court in which the judge decides what should be done with the child.

**Disposition order** – The court's instructions about the child's care and the parents' duties. It usually is given at the end of the disposition hearing.

**Fact-finding hearing** – A hearing to decide the truth of charges made against parents.

**Finding** – The court's decision about the charges in the petition.

**Foster home** – A state-licensed home for children who cannot live in their own homes or have no home.

**Petition** – A formal statement of charges against a parent asking the judge to consider the matter.

**Receiving home** – An emergency foster home that offers the first shelter for children who need care away from home.

**Remann Hall** – Location of the Pierce County Juvenile Court, the offices of probation officers, and juvenile detention facility. It's at 5501 Sixth Avenue in Tacoma, and the main telephone number is 593-4205.

**Wardship** – Transfer of the legal control of the child to someone other than the parents. Usually the court takes control.

**Warrant** – A court order allowing a worker or the police to enter a home or take custody of a child.

# APPENDIX E
# PANEL FOR FAMILY LIVING
# TACOMA, WASHINGTON

## LARGE GROUP SEMINARS

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SATURDAY, October 16, 1976

9:00 a.m. to 5:00 p.m.

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CONFERENCE SPEAKERS

PARENTS ANONYMOUS, KING COUNTY
PARENTS ANONYMOUS, PIERCE COUNTY
ROBERT SCHERZ, MD, MEDICAL CENTER
MARY BRIDGE, CHILDRENS HEALTH CENTER
SUE MAALEN, KING COUNTY JUVENILE COURT
KATIE HICKS, RN, PIERCE COUNTY JUVENILE COURT
CHRISTINA NAAR, DIRECTOR, PANEL FOR FAMILY LIVING
DON BIRD, MSW, CHILD PROTECTIVE SERVICE SUPERVISOR
EDNA GOODRICH, DIRECTOR, KING COUNTY JUVENILE COURT
DIANE MCKEAN, MSW, PARENT EDUCATION TEACHER, P.F.F.L.
KENNETH PRATT, MSW, GROUP THERAPY CONSULTANT, P.F.F.L.
LUCY BERLINER, MSW, SOCIAL WORKER, SEXUAL ASSAULT CENTER
PHIL BERTENTHAL, STAFF ATTORNEY, NORTHWEST LEGAL SERVICES
RICHARD WESTGARD, MSW, CHILD PROTECTIVE SERVICE SUPERVISOR
COLLEEN WATERHOUSE, MSW, GROUP THERAPY CONSULTANT, P.F.F.L.
GERRY TARUTIS, LITIGATION COORDINATOR, KING COUNTY LEGAL SERVICES
DR. VIOLA S. VANPATTER, DIRECTOR, CHILD STUDY AND TREATMENT CENTER
LUCILLE TOWNSEND, MSW, TRAINING SPECIALIST, PANEL FOR FAMILY LIVING
SHIRLEY ANDERSON, MD, CONSULTING PEDIATRICIAN, SEXUAL ASSAULT CENTER

THIS COMMUNITY CONFERENCE IS WHOLLY FUNDED BY THE SCHOOL OF SOCIAL WORK CONTINUING EDUCATION, UNIVERSITY OF WASHINGTON. NO FUNDS WERE COLLECTED FOR SPONSORSHIP FROM THE FOLLOWING PARTICIPATING AGENCIES:

THE PANEL FOR FAMILY LIVING
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DEPARTMENT OF SOCIAL AND HEALTH SERVICES, STATE OF WASHINGTON
UW/DSHS CHILD ABUSE AND NEGLECT INSTRUCTIONAL MATERIALS DEVELOPMENT PROJE
UNIVERSITY HOSPITALS SOCIAL SERVICES
KING COUNTY MEDICAL SOCIETY
SNOHOMISH COUNTY MEDICAL SOCIETY
WASHINGTON STATE NURSES ASSOCIATION, KING AND SNOHOMISH COUNTY UNITS
COUNCIL FOR PREVENTION OF CHILD ABUSE AND NEGLECT, SEATTLE - KING COUNT
SNOHOMISH COUNTY CHILD ABUSE COUNCIL
SEATTLE FRIENDS OF PARENTS ANONYMOUS
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CONTINUING EDUCATION

# SCHOOL OF SOCIAL WORK

## COMMUNITY CONFERENCE ON CHILD ABUSE AND NEGLECT

SATURDAY, OCTOBER 16, 1976, 9 AM - 5 PM

ONE OF THE MOST SERIOUS SOCIAL AND HEALTH PROBLEMS TO COME TO THE ATTENTION OF THE HELPING PROFESSIONAL AND THE COMMUNITY IS THAT OF CHILD ABUSE, NEGLECT AND EXPLOITATION. MANY CHILDREN REMAIN AT "HIGH RISK" BECAUSE OF SOME ASPECT OF THEIR FAMILY SITUATION, REQUIRING SPECIALIZED PROTECTIVE SERVICES AND TREATMENT FROM THE COMMUNITY AND ITS SOCIAL AND HEALTH SERVICES.

THIS CONFERENCE IS DESIGNED TO GIVE THE PROFESSIONAL AND THE LAY PERSON INCREASED AWARENESS OF THIS COMMUNITY PROBLEM AND TO INCREASE COMMUNITY AND PROFESSIONAL SKILLS IN AIDING PARENTS AND CHILDREN EXPOSED TO CHILD ABUSE OR NEGLECT.

THE CONFERENCE IS DIVIDED INTO TWO CONCURRENT SESSIONS.

1. OPEN CONFERENCE SESSION

   THIS CONFERENCE IS OPEN TO CONCERNED CITIZENS, PARENT GROUPS, ETC. THE REGISTRATION IS LIMITED TO 450. REGISTRATION FEE IS $5.00.

2. PROFESSIONAL CONFERENCE SESSION

   THIS SESSION IS OPEN TO ALL PROFESSIONALS WORKING WITH THE PROBLEM OF CHILD ABUSE AND NEGLECT (DOCTORS, NURSES, SOCIAL WORKERS, SCHOOL TEACHERS, COUNSELORS, PSYCHOLOGISTS, FAMILY PLANNING PERSONNEL, LAW ENFORCEMENT AND CLERGY, ETC.). REGISTRATION IS LIMITED TO 220. REGISTRATION FEE IS $15.00.

TO REGISTER, COMPLETE THE ATTACHED FORM AND RETURN IT WITH FEE AS DIRECTED. IF YOU REGISTER AND THEN CANNOT ATTEND, A REFUND OF THE REGISTRATION FEE, LESS 10% OF THE FEE FOR HANDLING, WILL BE MADE IF REQUESTED IN WRITING PRIOR TO OCTOBER 8, 1976. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF SHORT COURSES AND CONFERENCES, UNIVERSITY OF WASHINGTON DW-50, SEATTLE, WA 98195. TELEPHONE (206) 543-5280.

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## CONFERENCE AGENDA

**OPEN SESSION**

8:00 REGISTRATION
9:00 OPENING
9:15 "PHYSICAL MANIFESTATIONS OF CHILD ABUSE AND NEGLECT"
10:00 COFFEE
10:30 "DYNAMICS OF CHILD ABUSE AND NEGLECT"
11:15 PANEL: JUVENILE COURT, CHILD PROTECTIVE SERVICE, AND ATTORNEY ROLES
12:30 LUNCH
2:00 PARENTS ANONYMOUS PRESENTATION
2:30 TREATMENT APPROACHES WITH PARENTS
3:30 TREATMENT PROGRAMS FOR CHILDREN
4:15 CONCLUSIONS
4:30 FILM: "CIPHER IN THE SNOW"

**PROFESSIONAL SESSION**

8:00 REGISTRATION
9:00 OPENING
9:15 "DYNAMICS OF CHILD ABUSE"
10:00 COFFEE
10:30 "PHYSICAL MANIFESTATIONS OF CHILD ABUSE AND NEGLECT"
11:15 PANEL: JUVENILE COURT, CHILD PROTECTIVE SERVICE, AND ATTORNEY ROLES
12:30 PARENTS ANONYMOUS PRESENTATION
1:00 LUNCH
2:30 FIRST SEMINAR OFFERING
3:35 SECOND SEMINAR OFFERING
SELECT TWO ONE-HOUR SEMINARS OR ONE TWO-HOUR SEMINAR.
4:30 FILM: "CIPHER IN THE SNOW"

## REGISTRATION FORM

CHILD ABUSE AND NEGLECT — CONFERENCE # 992
October 16, 1976, 9 am - 5 pm

FEE: $5.00 (community) $15.00 (professionals)

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For those attending the professional session, please select two hours of seminar offerings. Please number in order of first three preferences.

a. SEXUAL ABUSE (2 HR) _____
b. WORKING WITH CHILD & PARENT IN HOSPITAL SETTING (2 HR) _____
c. TREATMENT PROGRAMS FOR CHILDREN (1 HR) _____
d. GROUP THERAPY WITH PARENTS (1 HR) _____
e. PARENT EDUCATION (1 HR) _____
f. PARENT AID PROGRAMS (1 HR) _____

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## Sexual Abuse Task Force

The sexual abuse task force is an informal coalition made up of representatives of community agencies whose purpose is to help families with problems of sexual abuse by:

(1) coordinating existing services to better serve those families

(2) developing new and improved services where needed

(3) developing a greater community awareness of the problem of sexual abuse.

For further information about the task force contact:

Barbara Turecky
Comprehensive Mental Health Center
597-8226

Peter Coleman
Children's Protective Services
593-2788

Steve Jensen
Sexual Offender Program
Western State Hospital
552-3341

Nancy Bear
Pierce County Rape Relief
272-7242

Marge Griffin
Health Education
Tacoma Public Schools
383-1811 Extension 451

Katie Hicks, R.N.
Pierce County Juvenile Court
593-4490

THE PIERCE COUNTY SEXUAL ABUSE TASK FORCE

PRESENTS:

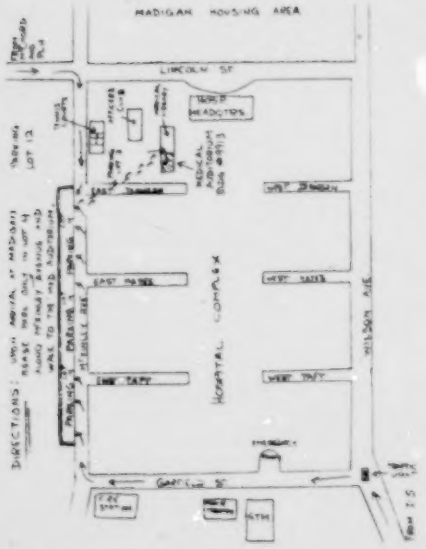
# A SERIES OF WORKSHOPS ON SEXUAL ABUSE OF CHILDREN

NOVEMBER 1, 8, & 15
9:00 A.M. - NOON

HOSTED BY MADIGAN ARMY MEDICAL CENTER
SPONSORED BY PANEL FOR FAMILY LIVING

There is an awakening awareness of the problem of sexual abuse in our country. The purpose of these workshops is to acquaint professional people with this problem and to explore treatment alternatives. The conference will examine the scope of the sexual abuse problem and the ways it is currently being managed or treated.

The workshops will be held at
Madigan Army Medical Center,
Medical Auditorium
from 9 to noon on Mondays
November 1, 8, and 15

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AGENDA

November 1: Dynamics of sexual abuse, definition of scope of the problem, and patterns seen in families.

Speaker: Lucy Berliner, MSW
Sexual Assault Team
Harborview Hospital
Seattle

AND Pierce County Children's Protective Services, Sexual Abuse Treatment:

This model attempts to maintain the family social support system by dealing in individual sessions with the victim, the alleged offender, and the non-offending parent. In addition, there are therapy groups for the teenage victims and also for the parents.

November 8: A treatment approach.

Speaker: Dorothy Ross, Coordinator and a Parent Participant in the program
Child Sexual Abuse Treatment Program
Santa Clara County
Juvenile Probation Department

This is one of the nation's first intensive therapy programs for families who have experienced sexual abuse.

November 15: Differing roles in the current treatment of sexual abuse in Pierce County. A panel presentation by representatives of:

Law Enforcement
Juvenile and Superior Courts
Prosecuting Attorney's Office
Children's Protective Services
Parent's Anonymous
Sexual Offender Program,
Western State Hospital
A practitioner treating children
A practitioner treating parents

A registration fee of $7.50 is necessary for each workshop, or $15 for all three. Please make checks payable to Panel For Family Living, 1115 South 4th Street, Tacoma, WA 98405

Name _____ Phone _____

Address _____

_____ Zip Code _____

Agency _____

_____

I will attend: Nov 1 _____ Nov 8 _____ Nov 15 _____

Registration is limited to 120 persons. Deadline for registering October 27, 1976

E-4

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APPENDIX N

PANEL FOR FAMILY LIVING

TACOMA, WASHINGTON

# EVALUATION OF AN ON-GOING TREATMENT PROGRAM

MARTHA PERRY, PH.D.

RESEARCH CONSULTANT

CHRISTINA NARR

EXECUTIVE DIRECTOR

# Evaluation of an On-going Treatment Program: Initiations, Problems, Implications *

Martha Perry, PhD **
Research Consultant

Christina Narr, MSW
Executive Director

Panel For Family Living
Tacoma, Washington

We're here today to sell an idea, an idea that is neither revolutionary nor complex; but one which has perhaps been the recipient of more lip service than practical application. That idea is the evaluation of the client services provided by social service agencies. We'll be discussing service evaluation as we implemented it in our small agency, but our over-riding concern is that the concept of evaluation becomes more effectively widespread throughout the social services.

We all, of course, affirm the principle of evaluation. We all are willing to judge, by one standard or another, whether the services we provide (and even more willing in the case of services offered by others) are adequate or effective. In our case, for example, one good measure of our service is whether or not our clients continue to abuse or neglect their children. If they don't, then we have some reason to say that the services we provide are effective in meeting the agency's goals.

But we don't have much basis for claiming that these services actually meet the needs of our clients, and even less foundation for understanding how they help these parents when they do. So while we can estimate in rather gross terms the success or failure of our service program, we are in no position to examine particular aspects of that program or make more than the most subjective judgements about which facet of our services is most suitable for an individual client.

We feel that to be useful, an evaluation program ought to help us get at these questions. And we feel that agencies like ours can institute service evaluation projects that will provide the right information in a useful form. A good evaluation program can, we think, be useful in several ways:

1. It can provide some objective measure of the change in clients as they participate in services. Pre- and post-testing utilizing good measures effectively complements evaluations by staff workers. We all agree, I think, that workers sometimes misjudge their clients; in our field, we face the added skepticism of judges or other legal authorities who are reluctant to make decisions on the sole basis of a worker's evaluation.

2. These measures can also help workers make accurate diagnoses. At the Panel, at least, we feel that we need all the help we can get in determining exactly which of our services will most efficiently serve the client's needs.

* This paper is the text of a workshop presented at the Second Annual National Conference on Child Abuse and Neglect, in Houston, Texas, April 1977

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Because we accept referrals from other agencies, including the courts, we face the additional problem of having to deal with unknown diagnostic techniques. Or, in some cases, techniques that we know are prone to inaccuracy. Judges, for example, often seize on one of our services -- different judges choose different services -- as a panacea for any and all ills. A rigorous diagnostic procedure helps counter these pressures.

3. An objective evaluation program can help agencies be more accountable to both the client and the community. We feel that clients should not be asked to participate in services without a clear understanding of those services and the results they can be expected to achieve. And we feel that the community -- whether local, state, or federal -- should not be asked to pay for services unless those services can be demonstrated to be effective.

4. At the same time, service evaluation can help the agency decide whether it is meeting its goals and help it determine ways to improve its services. Few of us are capable -- without some outside help -- of objectively evaluating programs in which we have invested tremendous time and energy. A careful evaluation procedure can provide the stimulus for needed changes. It also can help make services more efficient. At the Panel, for example, we offer a broad range of services; and most of our clients participate in two or more of these. We know that the combination is pretty effective, but we could save both time and money if we were able to more accurately assess the benefits of each aspect of the program. The evaluation program also can suggest new techniques or types of service that will help the clients more efficiently than current methods.

5. And, finally, a good evaluation program will generate data that are useful to the field as a whole. Decent evaluation by service delivery agencies is vital in judging competing theoretical models. It is critical to choosing among the various methods of treatment that are available. And the data generated by these evaluations will provide a basis for more accurate generalizations about this phenomenon.

Setting

I'd like now to tell you a little about the Panel For Family Living and about the service evaluation project we've been running for the past 18 months.

The Panel For Family Living grew out of a need perceived by a juvenile court worker and a legal aid attorney about six years ago. They felt that Tacoma and Pierce County offered insufficient services for parents either accused of being -- or adjudged to be -- abusive or neglectful. Parents caught up in the "child protection" system seemed to have nowhere to turn for advice, help, or services. So these two workers began to organize other professional volunteers; and they found some small amounts of money here and there in the community, which enabled them to begin to offer some services. A VISTA volunteer loaned to this informal group helped coordinate group therapy sessions and parent education classes; and slowly a coherent organization began to take shape.

Calling itself the Panel For Family Living, the group applied in 1973 for an OCD/SRS grant to "coordinate community concern for child abuse and neglect." The application was successful and from May, 1974 until April, 1977 the Panel operated with funds from this demonstration grant.

The Panel, then, is a private agency. It is a non-profit corporation governed by a Board of Directors elected by a membership drawn mainly from local professional people. The board is responsible for policy making and its individual members head committees that carry out substantial administrative and support functions.

The Panel's current full-time staff includes an Executive Director, a Training Specialist, A Direct Services Supervisor, an Outreach Worker, an Office Manager, and a Research Assistant. Current funding also supports Dr. Perry's work as a part-time Research Consultant. The staff is supplemented by two CETA-funded positions: A Community Relations Specialist and a Secretary. We count heavily on volunteers, especially students. And we rely on consultants paid on an hourly basis to provide group services.

Our activities fall into five general categories: community coordination, community education, professional training, client services, and of course, research.

Coordination activities range from a multi disciplinary case consultation team to the community activities of various committees. Community education activities include a volunteer speakers bureau and a library and film collection available to the public. The training specialist provides instruction to a wide variety of professional groups. This training ranges from identification and treatment of abuse and neglect to dealing with worker burn out.

Our direct services include group therapy, parent education classes, outreach services, and parent aides. Our group therapy and parent education sessions are run by consultants paid a modest stipend. The parent aides, volunteers, act as "friendly visitors" to reduce our clients' isolation. The outreach work, handled by two of our paid staff, includes counseling, referral, and informational services.

Agency Pitfalls

Although I'd like to be able to tell you that our research efforts originated in a genuine concern to provide the best possible service to our clients, I can't honestly make that claim. Not that our goal from the very outset of the Panel's formal existence -- about 3 years ago when we received an OCD/SRS demonstration grant -- hasn't been excellent client service. It has. But a realistic appraisal of the research effort called for in the proposal to OCD/SRS suggests that it was included more as a marketing tool than as a pragmatic design. Not only did it call for an evaluation of all Panel activities, it also proposed an assessment of the child abuse and neglect treatment system in the entire surrounding community. This dual evaluation, I might add, was to be carried out by one research worker employed half time.

And therein lies the Panel's first lesson in research: an overambitious program is doomed to failure. Of course it failed, and failed dramatically; for one of the prime causes of the failure was implicit in the goal itself. No one with any sophistication about research would have proposed such a gargantuan project, with so little support, and this naivete about research manifested itself continuously during this early research effort.

The ambitious volunteers that joined to create the Panel just did not know very much about the effort that goes into decent research. And when the graduate student in sociology that they hired attempted to put his design into effect, they learned enough to find out they didn't much like it. First he proposed that clients be randomly assigned to services. That proposal met violent opposition, and probably doomed the rest of the design. For the Board of Directors was incensed that the clients would be treated so cavalierly -- after all, professionals had made a diagnosis, in each case, and had recommended a course of treatment. It would, they felt, be irresponsible to both worker and client to ignore that assessment. And then the researcher proposed that observers sit in on group therapy and parent education sessions and take data. The therapists adamantly opposed this and won the contest of will.

So the researcher spent most of the first year of the Panel's existence attempting to get the outreach staff -- one paraprofessional and two student volunteers -- and the consultants to maintain consistent client records. At the end of that first year he was able to develop a fairly comprehensive demographic report on the Panel's clients.

In the meantime, the Panel hired another graduate student to look at the community's services. He designed an extensive questionnaire to be administered to local agency officials, but the Panel did not adequately support the effort and it, too, produced meager results.

By the end of that year, however, the Executive Director had departed and the graduate students were ready to delve into other areas.

I was hired as Executive Director and began to formulate another attempt at research. I decided first to concentrate our efforts entirely on evaluating client services, certainly a big enough task by itself. I also eliminated the half time position and created a full time research assistant slot. Then I began to look for someone interested in doing research at the Panel. Dr. Perry learned about the project and became interested. And that, as Frost said, has made all the difierence.

About 18 months ago when Martha joined us, the Panel, was, perhaps, ready for a new research project. It had a new executive director and a new supervisor of client services both committed to service evaluation. On the other hand, there was among some of the Board of Directors and the consultants, a lingering hostility toward any research that might disrupt ongoing activities.

Hostility continues in a more or less muted fashion, and it constitutes another of the lessons we've learned at the Panel. Unless there is a genuinely open attitude on the part of the agency, a real willingness to question current methods or techniques, it's really impossible to carry on decent research. If all that's wanted is a justification of current practice, the agency had best avoid research altogether.

Martha's care in designing the evaluation and her manner in implementing it have done a great deal to diffuse lingering suspicion and hostility. For my part, I have tried to provide administrative support through my own commitment to the project and have been a liaison (and sometimes buffer) between the board,

staff, community workers and the evaluation project. Martha and I have tried to make the research effort as non-threatening as possible, although we have been quite open about the fact that we hope it will suggest changes to be incorporated in our service efforts. And we have worked to involve both the staff and the Board in the initial design process.

Unfortunately, however, it seems as if the process of research and the process of serving clients is destined, at times, to clash. Service agencies are always overburdened, and in this particular field are overburdened with clients who often need immediate help. The workers who have been asked to administer questionnaires or do observations continually must negotiate the fine line between the demands of the research and the overwhelming needs of the client for rapid service. In the Panel's case for example, it frequently happens that a client is in service before the full intake interview -- including the battery of tests necessary to the reserach -- has been completed.

All this should not be taken to imply that meaningful research can't be carried out in a service agency, particularly an agency working with abusive or neglectful parents. It should suggest, however, that there will be traumas and that everyone involved should be aware of the fact at the outset. Goodwill from both research and service personnel is absolutely critical to the success of such projects.

Evaluation Program Development

One major aspect of my task as Research Consultant was to design a project that would fit the realities of the Panel's day-to-day operation. Our goal was to evaluate the Panel as it is, not to redesign it in accordance with some research schemes of mine. And that, of course created some difficulties, for services seldom are offered in a way that falls into a neat research design.

At the Panel, for example, random assignment to services was both impractical and, perhaps, clinically undesireable. The Panel's clients often are referred by other agencies, and frequently are sent for a particular service. The Panel outreach staff also wanted to maintain the option to exercise clinical judgment in assigning clients to services. I could not, then, as a practical matter request that the traditional assignment pattern change.

But if I couldn't get random assignment, then I couldn't really compare the various services offered by the Panel since it is difficult to do so if it is clear, or even suspected, that clients in the various services differ from each other to start with.

For similar reasons, I couldn't use a random group of clients for a control group. This would get us into the problem of withholding services, and would be unacceptable for many of the reasons outlined above. This control group problem also is complicated by the fact that the clients are both relatively heterogeneous and few in number. So I couldn't use like characteristics for analysis within the group because the number available for analysis becomes quite small.

These examples suggest the perils of research design within the strictures

of a small agency. Any workable design, of course, fails to control many rival hypotheses, and so one frequently fails to come up with definitive answers about the effects of a particular service. But one can, through careful palnning and hard work, come up with a design that will yield systematically greater detail about clients and what is happening to them -- if not the ultimate answer as to "why" it is happening. The research also can raise provocative questions about the program that may lead to new ideas on treatment. And the research can lead to new insights about the clients and the agency itself.

I think we've accomplished these goals at the Panel, but before discussing the specific research design and the data we've collected, I'd like to talk a little about the method we used to gain acceptance for the project itself. As Tina mentioned, there was some hostility to the very idea of research. Some were suspicious about research as an endeavor. Some were resentful because they felt the money spent on research could better have been spent in providing more service. They did not see the relationship of evaluation findings to ongoing client treatment. An evaluation effort could, of course, also offend staff members or consultants who had learned over the years to distrust statistical measures. And it could threaten those who were not terribly confident that the success of their particular methods was susceptible to objective analysis.

I was aware of this, and set out from the beginning to minimize the threat and lessen any existing suspicion. I carefully studied the Panel's stated goals and elicited the workers' views of these goals as they operated in every day situations. I tried to create a design and select measures that would provide information that was directly relevant to the staff, and met with the entire Panel staff, the Board of Directors, and interested outside groups to explain the design and the relevance of the measures.

In this context, I think it is importnat to say that my own clinical experience was a real advantage. I was able to talk with the staff and consultants on the basis of my experience in dealing with clients and I was able to understand their concern about the utility of the data to be collected. In fact, as the data began to be collected, I provided interpreted summaries of test scores to workers. This provided them with immediate feedback on the data they'd been gathering. I even was able to make treatment suggestions based on those data although I presented them in a tentative way. This quick response caused a lot of extra work for me, but I think it did a lot to win the staff's support for our evaluation project.

One other point should be made. Although I'm a firm believer in the utility of statistical information I also acknowledge that objective data may not be the total answer to questions of case management or evaluation. Clinical judement also plays a role in decisions in these areas. I think that this affirmation of clinical skills on my part also helped increase cooperation.

Having created the design and chosen the measures, I began a series of training sessions for the workers who would actually administer the battery of tests. I had pretested the measures with several clients, and I administered the tests to all of the initial group of children, so I was both able to have some confidence that the plan was workable and able to provide useful suggestions to the workers about administering the tests. I also worked quite hard in these training sessions

to help the workers understand the measures and utility of data derived from them, since I felt that they would be more apt to put in the necessary time and effort if they believed the results would be worthwhile. Unfortunately, I had to go through the training and sales process several times over the 18 months of the project because the voluntary nature of much of the Panels workforce builds in a high rate of turnover. Other agencies probably wouldn't face this considerable effort.

Having given you that background, I think we finally can turn to the design and to the data we've collected.

Evaluation Design

Table 1

The basic design is quite simple in conception. The plan was to evaluate each new client just prior to the beginning of services, again three months later (having documented the kind and amount of services received during that time), and finally upon termination from service. In reality is has been a bit sloppier than that. Sometimes services began before the first evaluation had taken place - the crisis nature of much service to this population contributed to this, as well as some resistance from our staff to completing the evaluations. The interval between pretest and this second evaluation varied from two months to up to 7 months for a few. The mean interval for most regular clients has turned out to be slightly over four months. Finally, termination data have proved difficult to obtain - clients have a tendency to "disappear," and workers a tendency to "forget" to do this final evaluation. Nevertheless, in a year's time we have collected sufficient evaluation data to provide useful and provocative information to the Panel staff; I would encourage you to proceed with similar evaluations.

I have analyzed the accumulated data several times in the past year to give feedback to the staff and interested persons for planning and program modification purposes. Of course the earliest reports, based on information about only a few clients, were tentative at best. Later analyses have provided detailed descriptions of our client groups. Evaluation of services was slower - we had to leave time for services to happen. We have not yet analyzed the termination evaluations.

To demonstrate the usefulness to the Panel of the information garnered, I will be reporting to you today some of the findings from an analysis of the descriptive data done in Fall, 1976, and from winter and spring analyses of pre and 3 month post data.

One other aspect of our evaluation project may be of interest. Although there are many descriptions of child abusers, there are few controlled studies that indicate unique characteristics of parents who abuse their children. It is not clear that these descriptions do any more than identify a lower socio-economic class population, whether or not abuse and/or neglect is found. Since the Panel would be accumulating considerable data on lower social class abuse clients, we decided to take the next step and compare these clients with a carefully matched group of non-abusers

This additional project is not one that could be undertaken by every agency.

We sought both additional funds and supplementary staff for this project, and I think Tina would agree that although the office functioning may have been a bit more hectic at times, the amount and/or quality of client services was not affected by this project. I mention this study because the information from it helps us interpret the client data and raises some issues about the services we provide. We will deal with some of those issues later.

We had several purposes for the evaluation information. We wanted to describe in detail the characteristics of our clients and their families, tapping especially those characteristics identified by others as related to child abuse. Eventually then, we could look at the relationships of these characteristics - to type and amount of service provided and to outcome. We also wanted to document changes in our clients occuring through treatment - this included both changes specified by the Panel treatment staff, and changes in more broadly defined areas of functioning that were not necessarily singled out as goals for any particular treatment.

We also included measures of some characteristics and areas of functioning that we did not expect to change. This is very important, particularly when it is impossible to have a non-treated control group. There is a great danger when taking measurements at two different times that extreme scores, which we expected in many areas for our group, will become less extreme regardless of what intervenes between the first and second measurement, simply as a function of the degree of unreliability of measurement procedures. In lieu of a nontreated control group, one can logically guard against this difficulty by including some non changing variables measured by the same or similar procedures. I might add that this does not eliminate the problem of knowing to what to attribute change, but it helps.

Thus the goals to describe, to document change, and to put some commonly held conceptions to a controlled test for a lower social class group - combined with methodological and practical considerations guided the selection of measures. We tried to get as much information as possible in many areas of functioning with as little time and effort as possible.

What resulted was a multi-method procedure of information gathering which utilized interview, paper and pencil questionnaires and inventories, observation, and child testing. The entire evaluation takes from 1½ to 3 hours, depending on whether two parents are in the home, whether the child of concern is in the home (we pick one child on which to take data), and whether the parents read of not. The interview and questionnaires are the responsibility of the client's worker. Trained graduate students do all observation and child testing, as well as the entire evaluation for control subjects.

Demographic Information

Let me describe some of the characteristics of the clientele with whom we work. The many categories of Panel clients were combined into three basic groups: the Abuse group includes those labelled as Abuse regardless of severity, and those labelled Both Abuse and Neglect; Neglect includes all degrees of neglect; and High Potential includes those with high potential for abuse, neglect or both. The small number of sexual abuse and emotional abuse clients are not included in the study, nor are the families (few) whose target child is over age 12.

Table 2 shows detailed demographic information for our 3 client categories and for the controls who were matched to the Abuse group. First, note that 59% of our clients are labelled as Abuse, only 17% as Neglect, and 24% as High Potential. Most of our male clients are Abuse. More of the Abuse clients are married. Abusive parents tend to be in the middle of client age range with Neglect clients older and High Potential clients younger. Employment status is fairly similar across groups. In social class, as measured by the Hollingshead index, Neglect and High Potential groups are slightly lower than Abuse. The Abuse group tends to have slightly larger families and the child identified as the one of concern is slightly older. There are some differences in referrals between groups --- in particular note the higher self referral for the High Potential group and the higher court referral for the Neglect group. Nearly all of the clients in all groups are caucasian.

In general, the Abuse and Control groups are moderately well matched. In the matched study to be discussed later, Abuse and Control families are matched nearly perfectly.

Group Comparisons

The data presented here are selected from two of our studies. Last fall we did an interim analysis of the intake information on our client groups compared with each other, and each compared with the control subjects we had tested. These comparisons are of group data, and are identified in the tables by the word Group. More recently we have done a partial analysis of our matched control study. This analysis utilizes a pair-wise matched comparison of abuse clients and controls, and is labelled Match in the tables. The matched study is further subdivided to compare separately our clients who were responsible for the Abuse and those not responsible, or spouses.

Parent Characteristics: A number of people have proposed that characteristics of the parents are important in defining an Abuse group. Though we did not focus on a large number of these, we did include several (Table 3). A consistent finding by others is the higher percentage of history of parental abuse and neglect in Abuse groups, and indeed our data support this finding. This is not higher, however, for those responsible for the abuse than for spouses who are not responsible. This suggests that previous history disposes one to more support/tolerance of abusive behaviors in the family setting.

Self esteem was included both because of its importance to the clinicians and because one of the few studies utilizing an adequate comparison group found significant differences between controls and abusers on this variable. Contrary to those findings, however, we do not find significant differences for the Abuse group in either of our studies. Our High Potential clients differ from both the Abuse clients and from the Control group.

On the other hand, Anxiety, as measured by the Spielburger Trait measure, consistently differentiates Abuse from Control group, as well as the High Potential group from Controls.

Social-Situational variables: The Family Environment Scale developed by Moos was administered as part of the battery. Three scales, Cohesion,

Expressiveness, and Conflict make up what Moos calls the Relationship dimension (Table 4). What is notable here is that the High Potential group differs from the Control on all aspects of family relationships. For abusers, males and those responsible for Abuse differ from the Control group in the way they report Expressiveness. Abusers and High Potential clients also differ from Control families in amount of Conflict reported. For both Cohesion and Expressiveness it appears that those responsible for Abuse are lower than the spouses. The obvious "normality" of the Neglect group on these scales is surprising.

Another aspect of relationships within the family is how child related problems are handled and how discipline is carried out. To tap these, we developed for this study an analog measure which we call the Situation Interview. Briefly, this is a fifteen item interview in which a typical and frustrating home situation is read to the parent. The task is to verbally role play the response that would be made and then to describe what actions if any would be taken. Here is an example of a situation: "After hearing some screaming in the kitchen you go there and find your daughter Susan hitting her 2 year old baby sister." Another is: "You have just finished your grocery shopping and as you are checking out your son Lee says he wants a candy bar. It's close to dinner time and you say no. He then lies down and begins screaming and kicking at you." Interviews are tape recorded and then coded on a verbal code and an action code.

Table 5 shows the verbal codes which might be considered as negative in nature. Note that there are no significant differences on any of Attack, Blame, or Challenge individually, but when these are grouped, both Neglect and High Potential groups are lower than the Control. I have some concern conceptually about including Challenge (which is defined as unanswerable questions) with direct Attack and Blame. Lumping just the latter, we might find that those responsible for the abuse will be higher than those not responsible - that remains to be seen, however.

On other verbal codes (Table 6), we find that all client groups are less likely than Controls to Command or Direct the child in the situation, and the Abuse and Neglect groups also Reason less. These findings are not upheld in the matched comparison although those not responsible for the abuse are lower in both of these than those responsible. The higher Other Verbal and No Verbal rates for the spouses suggest that they are more passive in relation to their children and unwilling to deal directly with the situation at hand.

Although most of the differences on the action codes (Table 7) are not significant, the direction of the differences between the responsible and not responsible groups supports the previous interpretation of passivity.

The failure to find differences between groups on these actions is somewhat surprising. It could be that the analog nature of the measure allows respondents to monitor their responses, particularly their statements about actions. However, we are accumulating independent evidence supporting validity of the measure. My hunch is that the groups are composed of different kinds of people - those who regularly use aversive discipline, and those who do not regularly do this but who may fly off the handle occasionally (a behavior we are not likely to pick up on this measure). We need to explore this possibility as it would have important implications for the type of service to be provided.

The Family Environment Scale taps several other dimensions of the family which are of interest in relation to some of the hypotheses about child abuse. On the Personal Growth Scales (Table 8), while there are not many differences between the groups, there are some provocative trends. First note that the amount of independence for individual family members and the amount of outside social orientation for all groups are significantly lower than the norms (mean of 50). I equate the Active Recreation Orientation in some respects with the isolation that is hypothesized to be related to child abuse. This aspect of the isolation, at least, appears to be a social class phenomenon.

Also interesting is the difference between those responsible for abuse and the spouses of abusers in Independence and Achievement Orientation. The Abusers describe their families as average in Achievement Orientation but low in Independence, while the reverse is true for the spouses. On a different measure we have evidence that most client parents significantly underestimate the developmental capabilities of their children and Control families overestimate. All this suggests to me that Abusers, while holding average values for achievement, nevertheless have low expectations for their children on specific developmental tasks and also provide an environment which fails to foster individual independence. This may set up a potentially conflictual situation with the children.

One final family variable to mention is shown on the System Maintenance dimension of the Family Environment Scale (Table 9). Others have suggested that Abusive families are ones that are poorly organized and which have poor delineation of patterns of control. Our data do not support either of these statements.

Characteristics of Children: We turn now to the children of our clients. I might mention before I summarize what we know about the children that we have far less information about the children than we do about their parents so I consider these findings quite tentative. There are several reasons for this: first the Panel does not directly serve children, therefore their accessibility to us is limited; second, many of our clients do not have their children living with them and so, again, we do not have access; and finally there are not tools that collect equivalent information on children of the broad age range of our clients' children, thus to look at the children, we must subdivide them farther by age group. I think it is very important to have a sense of the whole family and their interrelationships to evaluate best what we should be doing and how we are doing, but in reality this has been difficult. Let me summarize some of the information about the children. By parent report, the Self and Social Adjustment of Abused Children, as measured by the Child Behavior Rating Scale (Cassel, 1962), are slightly poorer than of Control children, though School Adjustment does not differ. Parents of 2 - 5 year old Abused children rated their children as having more problematic behaviors on a Problem Behavior Checklist than did Control families. However, children in High Potential families were reported to have as few problems as the Controls. On two separate evaluations of intelligence, (the Peabody Picture Vocabulary, and the tested IQE on the Developmental Profile), Abused children, but not children of High Potential families, were significantly lower than the Controls. Contrary to what we expected, all parents were equally accurate in reporting their child's current developmental status as determined by comparing parent eport on the Developmental Profile with tested result on the same items.

Finally, a 10 minute observation of the parent and child interacting in a free play situation showed no differences between any groups for the child behaviors of dependence and independence, positive and negative affect, positive and negative physical, questions, and other verbals. For parents, we find the following differences (Table 10): High Potential parents have the highest rate of commanding or directing; the amount of reasoning is low in general, but lowest for the Neglect and High Potential groups. Children in Neglect and High Potential families comply less, and the Neglect parents are least likely to follow compliance with either a positive verbalization or positive affect or physical contact.

Summary of Descriptive Data

I will summarize this information for you now and then talk about how it might be used by the agency and what issues arise.

First, consider the High Potential group. They are low in self-esteem and have high anxiety. They report problems in family relationships. Their children are average in intelligence and are reported to have no more than the average emotional and/or behavioral problems. These parents are moderately accurate in their expectations for their children but do tend to underestimate their capabilities. In situations calling for some discipline, they are generally low in directiveness, although in the free play observation they were high in directiveness while eliciting less cooperation from their children. They were not negative with their children in either situation, and were average in how positive they were. They report their families to be low in Recreational resources, but average in Organization and Control.

The Abuse group shows a slightly different pattern. Here I speak only of the person responsible for abuse. These individuals are highly anxious and tend to report some family relationship problems, though they are not as severe as those reported by the High Potential group. Their children are below average in intelligence, and are reported to have a higher than average amount of emotional and/or behavioral problems. In discipline situations, these parents are fairly high in negative verbalization and low in verbal directiveness. In free play situations, they elicit a fairly high level of compliance from their children, but are low in positive response to this compliance. They describe their families as low in Independence and Intellectual-Cultural Orientation, but average in Achievement Motivation. They are very low in Active Recreation Orientation, but average in Family Organization and Control.

Clients who are labelled as Neglect are moderately low in self-esteem but do not evidence high anxiety. They report their family relationships to be cohesive, expressive, and low in conflict. There is little we can say about their children on the basis of the data we have at this time. On the Situation Interview, they use little negative verbalization, little direction, and little reasoning. They are more likely than any other group to say nothing and do nothing. However, in a play situation with their children, they give a great deal of direction and reason little. The children comply with only 24% of their commands, and parents respond positively to this compliance at a very low rate.

Finally, comparing just the Abuse group with the Controls, we find the

Abusers differ on Anxiety, Expressiveness within the family and, probably, on direct negative verbal statements in frustrating situations. Their children are significantly lower in intelligence, and are reported to be less well adjusted and with more problematic behaviors. Abuse parents underestimate the capabilities of their children. Spouses of abusers differ from their controls by being less active in disciplinary situtaions. I think it is notable the many areas in which our groups, particularly our Abuse group does not differ from a matched control.

Implications and Issues

Having begun to describe in detail our clientele, we in the agency need to ask of what use this information is to us. Immediately, the descriptive data point out the different needs of various categories of Panel clients and have implications for the service that we offer to them. There is the clear difference between Abuse parents and parents labeled High Potential to abuse. Such a finding implies that these different clients require different treatments. However, in the absence of such data, the parents are often offered the same treatment on the assumption that a service designed to remediate abuse should also prevent it.

The descriptive data also document how few spouses are accompanying High Potential clients to treatment. In the light of the difficulty High Potential clients are experiencing in the area of personal and family relationships, an agency like the Panel could make a more active effort to recruit the spouse or partner into treatment so that these family relationships could be addressed.

The initial data on the High Potential group is interesting. In some respects, this group, in its personal and family description looks more like the usual description of abusers than our Abuse group does. However, their children do not appear to have as many problems, and the parents seem to have fewer problems in relating to their children.

This calls into serious question the growing practice of identifying and labeling parents as "high potential" or "high risk" to abuse. We are not suggesting that these parents not receive treatment because they do seem to be suffering considerable personal and interpersonal discomfort. However, it is unclear whether this would ever manifest itself in child abuse. It is also unclear that identifying these adults and involving them in treatment designed to ameliorate the condition of abusive parents will benefit this group with different needs.

Finally, we note that Abusers differ in some respects from a Control group but in many respects they do not.

These findings suggest that further study is necessary to identify the personal and family characteristics which discriminate abusing from non-abusing families. The similarities we found in the groups of abusive and non-abusive parents seem to indicate that level of self-esteem, the independence and organization within families, and recreational resources available to them, the amount of negative verbalizations which exist --- all characteristics commonly associated with abusive parental behavior --- seem more indicative of social class than abuse.

We further note that the spouse responsible for abuse looks different from the spouse not responsible. This implies that some different treatment should be provided based on these individual needs. However, the prevailing practice is to offer both identical treatment services. In light of these findings, this seems inappropriate.

Evaluation of Change

We turn now to a brief consideration of our change data. For this analysis we have both pre and post data on at least some of our measures for 52 clients. I have not done detailed statistical analyses of these data yet but I believe the data will nevertheless illustrate the potential usefulness of this information.

Table 11 shows change, on the parent characteristics of self-esteem and anxiety, and on the family relationship variables of cohesion, expressiveness and conflict. No breakdown is made here by client classification. A significant number of clients increased in self-esteem. Slightly fewer, but still nearly two-thirds, decreased in anxiety. On the Family relationship variables, the changes in the expected direction are not significant. This pattern is true for each category of client including the High Potential clients who exhibited greatest need in these areas.

Changes of the parents in relation to their children were more evident. All clients became more realistic in expectations for their child's development - the amount of underestimation decreased considerably. On the Situation Interview, Abuse clients made few changes except for an increase in the amount of reasoning they used and a decrease in the number of times they would take no action. Neglect clients, on the other hand made considerable change. They decreased in level of negative verbalization, increased in verbal directiveness, increased slightly in positive verbalization and decreased in amount of no verbalization. They increased in level of non-aversive discipline and decreased in already low aversive discipline, as well as decreasing slightly the number of instances in which they took no action. In other words, they came to take a more active role in these situations, and that activity was appropriate. The High Potential parents, unfortunately, increased their level of negative verbals and made few other verbal changes. They did increase in the use of non-aversive disciplinary actions. We do not have sufficient change data from the observations yet to summarize.

What does this look at change tell us? First, clients overall, are feeling better about themselves and many are also less anxious. Second, we are having little impact on family relationships, not even with our High Potential clients who are most needy in this area. Our group treatments are primarily child focused parent education and we might ask why we would have expected change. I suspect that most of our teachers, however, would say that improved family relationships should be side effect of the training they are doing. And many of our clients who are in parent education classes also receive considerable individual outreach as well.

These data imply that the Panel needs to change the way in which it offers services to these parents. Family relationship problems need to be clearly specified as a focus of treatment and treatments need be designed to directly

address this issue. It does not seem a safe assumption that family relationship difficulties will somehow resolve themselves as other areas are dealt with.

Changes in parent expectations for their children are probably a result of heavy emphasis in our parent education classes on expectations. And the changes on the Situation Interview likewise are consistent with our heavy emphasis on parent education and specifically on ways of handling one's children. What is notable, however, is the greater changes in the Neglect parents than in the other groups. I think this likely reflects the greater ease of adding behavior where little exists, than of changing what may be well entrenched behavior. We seem to have taught the Abuse parents to talk more reasonably but have not decreased their negative verbalization nor changed their actions. High Potential parents show a disappointing increase in negative verbalization. Perhaps we have focused on the wrong area of need for these clients and are getting some unfortunate spin offs.

In these change data I have just shown you, I have ignored any analysis of the amount or type of service clients received in relation to change. This kind of analysis is very difficult to do when clients are not randomly assigned to treatments and do not attend equal numbers of classes nor have equal amounts of outreach. Nevertheless, I did a preliminary subdivision by amount and type of service and formed six groups. Three groups received very little service; three groups received increasingly greater amounts of service, all of which was combined class and outreach. The distribution of type of client into these groups was not significantly different from group to group. The groups did differ, as would be expected, on some of their needs. The group which received just a limited amount of class (ie. one series) was pretty well put together personally but had some needs in relation to their expectations for and behavior toward their children. We seem to have directly met their needs, as they did change in the appropriate direction on these factors.

The groups which received only a minimal amount of outreach did not appear particularly needy to begin with.

Of the groups receiving more services, there are some inconsistencies between need and the amount of service they received. This surprised us and needs explanation.

Further investigation is necessary to determine the reason for this, but some possibilities are: that workers are spending more time with more "agreeable" clients; that less troubled clients are being assigned to student interns who have more time to spend with them; that outside agencies (the courts, the state child welfare department, etc.) are requiring for some reason of their own, a greater amount of service for these families. One of the very helpful things about an evaluation such as we have been describing is that through it we can document inconsistencies such as this and we have a format for examining the alternative explanations for them.

A final comment on this analysis. Amount of service does appear to predict changes in self-esteem with those getting most service coming to have better feelings about themselves. In the other areas measured, however, there is no

greater change with more service than with less service. This suggests to me that we must attend much more to how we serve clients, than to how much we serve them, to maximize effects of our service.

The Panel's experience with program evaluation has been very useful for our own internal self-inquiry. Particularly important have been our identification of differing needs of clients and our look at changes we are effecting or not. These revelations from the data lead to changes in program which in turn must be evaluated. Evaluation is an ongoing and critical function within an agency.

Table 1

EVALUATION DESIGN

INTAKE EVALUATION

Demographic Information
Parent Characteristics
Child Characteristics
Social-situational Information
Interaction Information

Received for all Abuse, Neglect and High Potential clients

Abuse clients matched to Controls

2-6 Months - - Documentation of services received

POST TREATMENT EVALUATION

Repeat all intake procedures

Variable time -- Documentation of Services received

TERMINATION EVALUATION

Repeat all intake procedures

Table 2

Demographics

| Client Referral Characteristic | Control | Abuse 59% | Neglect 17% | High Potential 24% |
|---|---|---|---|---|
| **Sex** | | | | |
| Female | 66% | 64% | 74% | 85% |
| Male | 34 | 36 | 26 | 15 |
| **Marital Status** | | | | |
| Married | 84% | 80% | 42% | 50% |
| Single | 16 | 20 | 58 | 50 |
| **Mean Age** | | | | |
| Females | 26.5 | 26.4 | 28.5 | 25.2 |
| Males | 28.6 | 28.8 | 30.2 | 28.3 |
| **Unemployed** | | | | |
| Females | 81% | 76% | 86% | 86% |
| Males | 18 | 24 | 25 | 25 |
| **Social Class** [1] | | | | |
| 3 | 6% | 6% | 0% | 4% |
| 4 | 56 | 48 | 26 | 31 |
| 5 | 38 | 34 | 58 | 54 |
| Unknown | | 12 | 16 | 11 |
| **Number of Children** | | | | |
| One | 43% | 32% | 50% | 46% |
| More | 57 | 68 | 50 | 54 |
| **Age of Children** | | | | |
| Under 5 | 47% | 39% | 53% | 69% |
| 5 or older | 53 | 61 | 47 | 31 |
| **Referral Source** | | | | |
| Medical | | 14% | 26% | 13% |
| Public Agency | | 48 | 47 | 29 |
| School | | 3 | 0 | 13 |
| Court | | 6 | 21 | 0 |
| Self | | 23 | 5 | 38 |
| Other | | 6 | 1 | 7 |

[1] August B. Hollingshead "Two Factor Index of Social Position" , 1957, Mimeo.

Table 3

Parent Characteristics

| | | Control | Abuse | Neglect | High Potentia |
|---|---|---|---|---|---|
| **Abused or Neglected as Child** | | | | | |
| Group | | 13% | 50% | 28% | 43% |
| Matched | N=27 | 16 | 44 | | |
| Resp. | N=16 | 18 | 44 | | |
| Not | N= 7 | 25 | 43 | | |
| **Self-esteem**[1] | | | | | |
| | | N=32 | N=32 | N=13 | |
| Group | | 72.0 | 67.3 | 63.8† | 57.4*** |
| Matched | N=32 | 67.0 | 63.3 | | |
| Resp. | N=16 | 64.3 | 60.1 | | |
| Not | N= 8 | 67.6 | 60.2 | | |
| **Anxiety**[2] | | | | | |
| | | N=32 | N=31 | N=12 | N=13 |
| Group | | 36.4 | 42.8* | 39.7 | 48.2** |
| Matched | N=26 | 40.0 | 46.4* | | |
| Resp. | N=15 | 42.7 | 48.0 | | |
| Not | N= 8 | 37.1 | 47.4 | | |

† $p < .10$ ** $p < .01$

* $p < .05$ *** $p < .001$

[1] A. H. Eagley, "Revised Janis-Field Scale" in J. P. Robinson & P. R. Shaver (e
Measures of Social Psychological Attitudes, Ann Arbor: Institute for Social Research, 1973, pp 76-80.

[2] C. D. Spielberger, R. Gorsuch, & R. E. Lushene, State-Trait Anxiety Inventory, Palo Alto, California: Consulting Psychologists Press, 1968

## Table 4

### Family Environment: Relationship Dimension[1]

| | | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|---|
| **Cohesion** | | N=32 | N=31 | N=12 | N=13 |
| Group | | 54.2 | 48.7 | 60.7 | 45.5+ |
| Matched | N=27 | 53.1 | 49.2 | | |
| Resp. | N=16 | 53.7 | 47.4 | | |
| Not | N= 8 | 50.0 | 52.0 | | |
| **Expressiveness** | | | | | |
| Group | | 53.9 | 48.9 | 54.3 | 47.1* |
| Matched | | 55.6 | 49.0 | | |
| Resp. | | 57.2 | 44.2* | | |
| Not | | 52.1 | 55.8 | | |
| **Conflict** | | | | | |
| Group | | 39.7 | 45.6* | 40.3 | 50.5* |
| Matched | | 42.9 | 47.3 | | |
| Resp. | | 43.6 | 48.1 | | |
| Not | | 42.0 | 46.9 | | |

\+ $p < .10$

* $p < .05$

[1] R. H. Moos, Family Environment Scale, Palo Alto, California: Consulting Psychologists Press, Inc., 1974.

Table 5

Situation Interview:[1]

Negative Verbals

| | | Control | Abuse | Negative | High Potential |
|---|---|---|---|---|---|
| **Attack** | | N=32 | N=32 | N=14 | N=16 |
| Group | | 1.4 | 1.3 | .69+ | 1.1 |
| Matched | N=26 | 1.3 | 1.6 | | |
| Resp. | N=12 | 1.2 | 2.2 | | |
| Not | N= 8 | 1.1 | 1.3 | | |
| **Blame** | | | | | |
| Group | | 1.9 | 1.9 | .69 | .86 |
| Matched | | 1.4 | 1.7 | | |
| Resp. | | 1.2 | 2.1 | | |
| Not | | 1.1 | 1.0 | | |
| **Challenge** | | | | | |
| Group | | 3.3 | 3.2 | 2.4 | 2.4 |
| Matched | | 3.0 | 3.5 | | |
| Resp. | | 3.2 | 3.7 | | |
| Not | | 3.4 | 3.5 | | |
| **Attack, blame and challenge combined** | | | | | |
| Group | | 6.7 | 6.3 | 3.6** | 4.7* |
| Matched | | 5.5 | 5.7 | | |
| Resp. | | 5.1 | 6.1 | | |
| Not | | 5.6 | 5.8 | | |

+ $p < .10$

* $p < .05$

** $p < .01$

[1] M. A. Perry, Structured Situation Interview, 1976, unpublished.

Table 6

Situation Interview:

Verbal Codes

| | Control | Abuse | Neglect | High Potentia |
|---|---|---|---|---|
| Command, direct | | | | |
| Group | 6.9 | 4.7** | 3.9*** | 4.1** |
| Matched | 6.0 | 5.2 | | |
| Resp. | 6.4 | 5.2 | | |
| Not | 6.0 | 4.8 | | |
| Reason | | | | |
| Group | 5.7 | 3.3** | 3.5* | 4.3 |
| Matched | 5.1 | 3.7 | | |
| Resp. | 4.7 | 4.3 | | |
| Not | 6.1 | 3.6* | | |
| Other verbal | | | | |
| Group | 1.8 | 2.1 | 2.5 | 2.6 |
| Matched | 2.3 | 2.3 | | |
| Resp. | 2.4 | 2.2 | | |
| Not | 1.5 | 2.6 | | |
| No verbal | | | | |
| Group | .72 | 1.7** | 2.9* | 1.1 |
| Matched | 1.0 | 1.4 | | |
| Resp. | .83 | 1.3 | | |
| Not | 1.4 | 2.4 | | |

* $p < .05$

** $p < .01$

*** $p < .001$

Table 7

Situation Interview:

Action

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| Nonaversive discipline ( D+ ) | | | | |
| Group | 5.7 | 5.0 | 4.7 | 5.8 |
| Matched | 5.7 | 5.3 | | |
| Resp. | 6.0 | 5.8 | | |
| Not | 6.4 | 5.0 | | |
| Aversive discipline ( D- ) | | | | |
| Group | 3.8 | 3.7 | 3.5 | 3.6 |
| Matched | 4.0 | 3.9 | | |
| Resp. | 4.2 | 3.3 | | |
| Not | 4.1 | 2.1 | | |
| D+ / D- | | | | |
| Group | 2.2 | 2.5 | 2.4 | 2.5 |
| Matched | 1.7 | 1.8 | | |
| Resp. | 1.2 | 1.8 | | |
| Not | 3.1 | 2.8 | | |
| Other action | | | | |
| Group | 1.7 | 1.7 | 1.8 | 1.9 |
| Matched | 1.9 | 1.3 | | |
| Resp. | 1.4 | 1.3 | | |
| Not | 1.8 | 1.4 | | |
| Nothing | 4.8 | 5.0 | 5.6 | 4.4 |
| Matched | 4.5 | 5.4 | | |
| Resp. | 4.2 | 5.6 | | |
| Not | 4.3 | 7.0+ | | |

+ $p < .10$

Table 8

Family Environment:

Personal Growth Dimension[1]

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| **Independence** | N=32 | N=31 | N=12 | N=13 |
| Group | 42.8 | 42.0 | 44.8 | 44.0 |
| Matched N=27 | 42.8 | 41.0 | | |
| Resp. N=16 | 42.0 | 38.4 | | |
| Not N= 8 | 44.6 | 47.7 | | |
| **Achievement orientation** | | | | |
| Group | 46.3 | 46.0 | 50.8† | 44.2 |
| Matched | 45.8 | 46.7 | | |
| Resp. | 43.8 | 49.0 | | |
| Not | 46.0 | 39.0 | | |
| **Intellectual cultural orientation** | | | | |
| Group | 45.3 | 43.7 | 42.8 | 44.4 |
| Matched | 44.0 | 42.9 | | |
| Resp. | 44.3 | 40.3 | | |
| Not | 41.5 | 44.0 | | |
| **Active recreation orientation** | | | | |
| Group | 40.2 | 38.0 | 43.5 | 38.9 |
| Matched | 38.6 | 35.9 | | |
| Resp. | 35.9 | 35.1 | | |
| Not | 45.3 | 38.5 | | |
| **Moral religious emphasis** | | | | |
| Group | 57.8 | 53.0† | 51.6† | 51.3* |
| Matched | 56.7 | 53.3 | | |
| Resp. | 55.6 | 52.3 | | |
| Not | 56.6 | 53.6 | | |

† $p < .10$

* $p < .05$

[1] Moos, Family Environment Scale, ibid.

Table 9

Family Environment:

System Maintenance Dimension[1]

| | Control | Abuse | Neglect | High Potentia |
|---|---|---|---|---|
| Organization | | | | |
| Group | 52.1 | 50.4 | 55.3 | 46.6 |
| Matched | 49.3 | 51.0 | | |
| Resp. | 48.3 | 49.4 | | |
| Not | 51.3 | 51.3 | | |
| Control | | | | |
| Group | 51.7 | 48.4 | 47.2 | 54.5 |
| Matched | 53.0 | 48.8 | | |
| Resp. | 53.6 | 48.8 | | |
| Not | 52.5 | 49.1 | | |

[1] Moos, Family Environment Scale, ibid.

## Table 10

### Parent - Child Observation

| | Abuse N=13 | Neglect N=4 | High Potential N=8 | Control N=31 |
|---|---|---|---|---|
| Command Direct | 13.2 | 30.5 | 31.4* | 11.1 |
| Reason | 6.8 | 4.3*** | 3.5 | 5.0 |
| % Command Complied to | .40 | .24*** | .21** | .44 |
| % Compliance Followed by Parent Positive | .22 | .07** | .20 | .16 |

* p < .05

** p < .01

*** p < .001

Table 11

Parent Change

| | PRE | POST | CONTROL |
|---|---|---|---|
| Self-Esteem | 63.0 | 69.0 | 72.0 |
| | | 40 increased<br>11 decreased<br>1 no change | |
| Anxiety | 42.4 | 39.0 | 36.4 |
| | | 31 decreased<br>16 increased<br>2 no change | |

Family Relationships

Change

| | | | |
|---|---|---|---|
| Cohesion | 48.1 | 53.4 | 54.2 |
| | | 26 increased<br>9 decreased<br>10 no change | |
| Expressiveness | 52.0 | 54.5 | 53.9 |
| | | 20 increased<br>14 decreased<br>11 no change | |
| Conflict | 45.7 | 44.0 | 39.7 |
| | | 17 decreased<br>15 increased<br>13 no change | |

# Evaluation of an On-going Treatment Program: Initiations, Problems, Implications *

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This paper will discuss service evaluation as implemented at the Panel For Family Living, Tacoma, Washington. The authors' over-riding concern is that the concept of evaluation becomes more effectively widespread throughout the social services.

Most workers, of course, affirm the principle of evaluation. We are willing to judge, by one standard or another, whether the services we provide are adequate or effective. At the Panel, for example, one good measure of our service is whether or not our clients continue to abuse or neglect their children. But while we can estimate in this rather crude form the success or failure of our service program, we are in no position to examine particular aspects of that program or make more than the most subjective judgements about which facet of our services is most suitable for an individual client.

We feel that to be useful, an evaluation program ought to help us get at these questions. A good evaluation program can, we think, be useful in several ways:

1. It can provide some objective measure of the change in clients as they participate in services.

2. Information gathered for the evaluation can be used to help workers make more accurate diagnoses.

3. An objective evaluation program can help agencies be more accountable both to the client and to the community.

4. Service evaluation can help the agency decide whether it is meeting its goals and help it determine ways to improve its services.

5. And, finally, a good evaluation program will generate data that is useful to the field as a whole.

## Setting

The Panel For Family Living grew out of a need perceived by a juvenile court worker and a legal aid attorney about six years ago. They felt that Tacoma and Pierce County offered insufficient services for parents either accused of being -- or adjudged to be -- abusive or neglectful. These two workers began to organize other professional volunteers and slowly a coherent organization began to take shape.

The Panel is a private agency, a non profit organization governed by a Board of Directors. Since May, 1974, the Panel has been supported by a demonstration grant from the Department of Health, Education and Welfare.

The Panel's current full-time staff includes an Executive Director, a Training Specialist, a Direct Services Supervisor, an Outreach Worker, an Office Manager, and a Research Assistant. Current funding also supports Dr. Perry's work as a part-time Research Consultant.

* Second Annual National Conference on Child Abuse and Neglect, Proceedings, in press.

**Dr. Perry holds a full time position as Assistant Professor, Psychology Department, University of Washington, Seattle, Washington

Our activities fall into five general categories: community coordination, community education, professional training, client services, and, of course, research.

Client services include group therapy, parent education classes, outreach services, and parent aides. Group therapy and parent education sessions are run by consultants employed on an hourly basis. The parent aides are volunteers paid a modest stipend. The outreach work is done by two of our paid staff and includes counseling, referral, and informational services provided, almost exclusively, in the client's home.

Agency Pitfalls

The Panel's initial funding application included a research component, but that overly ambitious effort created meager results and left some continuing hostility toward research or statistical evaluation.

About 18 months ago, when Dr. Perry joined us, the Panel was perhaps, ready for a new research project. It had a new executive director and a new supervisor of client services, both committed to service evaluation. There was, however, that lingering hostility toward any research that might disrupt ongoing activities.

Hostility continues in a more or less muted fashion, and it indicates one of the lessons we have learned: unless there is genuinely open attitude on the part of the agency, a real willingness to question current methods or techniques, it is really impossible to carry on decent research. If all that's wanted is a justification of current practice, the agency had best avoid research altogether. The authors have tried to make the research effort as non-threatening as possible, although we have been quite open about the fact that we hope it will suggest changes to be incorporated in our service efforts. And we have worked to involve both the staff and the Board in the initial design process.

Unfortunately, however, it seems as if the process of research and the process of serving clients is destined, at times, to clash. Service agencies are always overburdened, and in this particular field are overburdened with clients needing immediate help. The workers who have been asked to administer questionnaires or do observations continually must negotiate the fine line between the demands of the research and the overwhelming needs of the client for rapid service. In the Panel's case, for example, it frequently happens that a client is in service before the full intake interview--including the battery of tests necessary to the research--has been completed.

All this should not be taken to imply that meaningful research can't be carried out in a service agency, particularly an agency working with abusive or neglectful parents. I should, however, suggest that there will be traumas and that everyone involved should be aware of the fact at the outset. Goodwill from both research and service personnel is absolutely critical to the success of such projects.

Dr. Perry therefore designed a research project that would fit the realities of the Panel's day-to-day operation, one that would evaluate the Panel as it is, not redesign it in accordance with some research scheme. And that, of course, created some difficulties for services seldom are offered in a style that falls into a neat research design.

At the Panel, for example, random assignment to services is both impractical and, perhaps, clinically undesirable. The Panel's clients often are referred by other agencies, and frequently are sent for a particular service. The Panel outreach staff also wants to maintain the option to exercise clinical judgement in assigning clients to services. As a practical matter, this traditional assignment

pattern could not be altered. But without random assignment it is difficult to compare the various services offered by the Panel.

For similar reasons, a random group of clients could not serve as a control group. This would involve withholding services, and would be unacceptable for many reasons. This control group problem also is complicated by the fact that the clients are both relatively heterogenous and a few in number. So like characteristics within the group could not be studied because the number available for analysis became quite small.

These examples suggest the perils of research design within the strictures of a small agency. Most workable designs fail to control many rival hypotheses, and therefore fail to provide definitive answers about the effects of a particular service. But careful planning and hard work can lead to a design that will yield systematically greater detail about clients and what is happening to them--if not the ultimate answer as to "why" it is happening. The research also can raise questions that may lead to new ideas on treatment and to new insights about the clients and the agency itself.

Having designed an evaluation project, however, it still was necessary to avoid or dispell the lingering distaste for research. Dr. Perry studied the Panel's stated goals and elicited the workers' views of these goals as they operated in everyday situations. She created a design and selected measures that would provide information that was directly relevant to the staff, and met with the staff, the Board, and others to explain the design and relevance of the measures.

Her clinical experience was a real advantage. She was able to talk with the staff and the consultants on the basis of her experience in dealing with clients, and was able to understand their concern about the utility of the data to be collected. In fact, as the data began to be collected, she provided interpreted summaries of test scores to workers. She was able to make tentative treatment suggestions based on that data. This quick response caused an extra effort for her, but it helped to win the staff's support.

Although a firm believer in the utility of statistical information, she readily acknowledged that objective data may not be the total answer to questions of case management or evaluation. This affirmation of clinical skills also helped increase cooperation.

Having created the design and chosen the measures, she began a series of training sessions for the workers who would administer the battery of tests. She pretested the measures with several clients, and administered the tests to all of the initial group of children, so she was both able to have some confidence that the plan was workable and was able to provide useful suggestions to the workers about administering the tests. She worked to help the workers understand the measures and the utility of the data derived from them, since they would be more apt to put in the necessary time and effort if they believed the results would be worthwhile.

The Design

The basic design is quite simple. The plan was to evaluate each new client just prior to service, again three months later (having documented the kind and amount of services received during that time), and finally upon termination. In reality it has been a bit sloppier than that. Sometimes services began before the first evaluation has taken place. The interval between pretest and the second evaluation varied from 2 months to 7 months. And, finally, termination data proved difficult to get. Clients had a tendency to "disappear," and workers a tendency to "forget" to do this final evaluation. Nevertheless, in a year's time we collected

sufficient evaluation data to provide useful and provocative information.

One other aspect of our evaluation project may be of interest. Although there are many descriptions of child abusers, there are few controlled studies that indicate unique characteristics of parents who abuse their children. It is not clear that these descriptions do any more than identify a lower socio-economic class population, whether or not abuse and/or neglect is found. Since the Panel would be accumulating considerable data on lower social class abuse clients, we decided to take the next step and compare these clients with a carefully matched group of non-abusers. This study helps the Panel interpret client data and raises some questions about our services.

This data was to perform two major tasks: (1) describe in deatil the characteristics of our clients and their families, tapping especially those characteristics identified by others as related to child abuse; and (2) document changes in clients, including both changes specified by the treatment staff and changes in areas that were not necessarily singled out for treatment.

We also included measures of some characteristics that we did not expect to change. This is very important, since there is a danger that extreme scores which we expected in many areas -- will become less extreme regardless of what intervenes between the first and second measurement, simply because of unreliability in procedures. Including non-changing variables measured by the same or similar procedures guards against this difficulty.

These goals and the practical problems of working in a clinical setting guided the selection of measures. The result was a multi-method procedure which utilized interview, paper and pencil questionnaires and inventories, observation, and child testing. The entire evaluation takes from 1½ to 3 hours, depending on whether two parents are in the home, whether the child of concern is in the home, and whether the parents read. The worker handles the interview and questionnaires; trained graduate students do all observation, the child testing, and the entire evaluation of control subjects. The many categories of Panel clients were collapsed into three basic groups: The "Abuse" group includes those labelled as having phsyically abused their children, regardless of degree of severity, and those labelled as both abusing and neglectful; 59% of the clients included in the analysis have this label. "Neglect" includes all severities of neglect; 17% of the clients fall here. "High Potential" includes those labelled at high risk for abuse, neglect, or both; 24% of the clients are high potential. The small number of sexual abuse and emotional abuse clients are not included, nor are the few families whose target child is over age 12. (Table 1)

Data

The data presented here are selected from two of our studies. Last fall we did an interim analysis of the intake information our client groups compared with each other, and each compared with the control subjects we had tested. These comparisons are of group data, and are identified in the tables by the word Group. More recently we have done a partial analysis of our matched control study. This analysis utilizes a pair-wise matched comparison of abuse clients and controls, and is labelled Match in the tables.

Table 2

A number of people have proposed that parent characteristics are important in defining an Abuse gr .p. Although we did not focus on a large number of these, we did include several. A consistent finding has been a history of parental abuse and neglect in Ab e groups, and our data support this finding. In our group, however, it is not higher for those responsible for the abuse than for spouses or

partners who are not responsible. We suggest that the previous history may dispose one to tolerance of abusive behavior.

Self esteem was included as a variable of interest to clinicians because an earlier study[1] found significant differences between controls and abusers on this variable. However, we do not find differences for the Abuse group overall. Our High Potential clients differ from both the Abuse clients and from the Controls.

On the other hand, anxiety, as measured by the Speilburger trait measure, consistently differentiates Abuse from Controls, as well as the High Potential group from Controls.

Table 3

In the Family Environment Scale developed by Moos three scales, (Cohesion, Expressiveness, and Conflict) make up what is called the relationship dimension. The High Potential group differed from the Controls on Expressiveness and Conflict, and approached a significant difference in Cohesion. Abusive males, in the group study, and those responsible for the abuse, in the matched study, were significantly lower than Controls in Expressiveness. The significant difference in Conflict between the Abuse and Control appeared only in the group analysis. The apparent "normality" of the Neglect group on these scales is surprising.

Tables 4, 5, 6

Another aspect of family relationships is how discipline is carried out. To tap this, we developed an analog measure we call the Situation Interview, a 15 item interview in which a typical and frustrating home situation is read to the parent. The task is to verbally role play the response and to describe what actions, if any, would be taken. The interviews are tape recorded and later coded.

Table 4 includes negative verbal codes. There are no significant differences on Attack, Blame, or Challenge individually; but when these are grouped, both the Neglect and High Potential groups are lower than the Control. It also looks as if spouses of abusers may be slightly lower than the abusers on the "direct negatives," Attack, and Blame.

A possible explanation for these findings, may be found when we look at the other verbal codes. In Table 5, we find that all client groups are less likely than Controls to Command or Direct the child, and that the Abuse and Neglect groups also reason less. These findings do not hold for the Abuse group in the matched comparison, although those not responsible for the abuse are lower in both than those who are responsible. In other words, the Neglect and Abuse groups (particularly the spouse not responsible for the abuse) are more passive and unwilling or unable to take charge of the situation. The person responsible for the abuse takes more command of the situation, but tends to be more negative in doing so.

The data in Table 6 suggests the same interpretation for the spouse of abusers when actions are analyzed. They tend toward "No Action" and slightly lesser amounts of both aversive and non-aversive. Apparently they simply are more passive.

The failure to find differences between groups here is somewhat surprising. Perhaps the analog nature of the measure allows respondents to monitor their responses, particularly their statements about actions. However, we are accumulating independent evidence supporting validity of the measure. More likely, the groups are composed of different kinds of people - those who regularly use aversive

[1] Melnick, B. and Hurley, J.R. "Distinctive Personality Attributes of Child Abusing Mothers" Journal of Consulting and Clinical Psychology, 1969, 33, 746-649.

discipline, and those who do not, but may fly off the handle occasionally. The distribution of scores seems to support these view.

Table 7

Some other findings from the Family Environment Scale bear mentioning. Five scales make up the Personal Growth dimension. On two of the five - Independence and Active Recreation Orientation - all groups, including the Control group, score significantly lower than the norm. We equate the Active Recreation Orientation, in some respects, with the isolation that is hypothesized to be related to child abuse. This aspect of the isolation, at least, appears to be a social class phenomenon, as does the failure to provide independence for individual family members.

Table 8

It has been suggested that Abuse families are poorly organized. Our data indicates that they do not perceive themselves this way. This raises an interesting ethical issue: perhaps we impose our standards on these families and thus condemn them for being poorly organized, when they neither so perceive themselves nor differ from others in their social class.

Summary

Let us summarize what is emerging from these studies.

First, it is important for agencies to note that different client populations may differ in their needs. At the Panel, as we have analyzed our services, we have discovered that the service provided does not vary for either group classification or for individual profile. It should.

Second, both abusers and spouses receive the same services, but the services do not attend to their differing needs. Both clinicians and researchers should pay more attention to such differences.

Third, our High Potential group fits the classical description of child abusers more closely than does the Abuse Group -- and of course it would, since its members are labelled on that basis. But this raises an issue of identification and labeling. We would not argue that these people do not need treatment, but perhaps they should receive it in a setting which does not label them and which directs its services more specifically to their needs.

Finally, while we do find some differences between our Abuse group and our carefully matched Control group on anxiety, expressiveness and appropriate direction in discipline situations, we do not find differences on some factors which one would expect based on the clinical lore - self esteem, a family environment of independence, recreational resources, family organization, and negative verbalizations. Perhaps this lore needs to be more critically examined.

We do not present these as definitive findings, but as initial attempts to discover better ways of serving our clients. The research project has been difficult and time consuming, but we feel it has been of great value to the Panel. We believe that other small agencies would find the endeavor equally rewarding.

Demographics

| Client Referral Characteristic | Control | Abuse 59% | Neglect 17% | High Potenti 24% |
|---|---|---|---|---|
| **Sex** | | | | |
| Female | 66% | 64% | 74% | 85% |
| Male | 34 | 36 | 26 | 15 |
| **Marital Status** | | | | |
| Married | 84% | 80% | 42% | 50% |
| Single | 16 | 20 | 58 | 50 |
| **Mean Age** | | | | |
| Females | 26.5 | 26.4 | 28.5 | 25.2 |
| Males | 28.6 | 28.8 | 30.2 | 28.3 |
| **Unemployed** | | | | |
| Females | 81% | 76% | 86% | 86% |
| Males | 18 | 24 | 25 | 25 |
| **Social Class** [1] | | | | |
| 3 | 6% | 6% | 0% | 4% |
| 4 | 56 | 48 | 26 | 31 |
| 5 | 38 | 34 | 58 | 54 |
| Unknown | | 12 | 16 | 11 |
| **Number of Children** | | | | |
| One | 43% | 32% | 50% | 46% |
| More | 57 | 68 | 50 | 54 |
| **Age of Children** | | | | |
| Under 5 | 47% | 39% | 53% | 69% |
| 5 or older | 53 | 61 | 47 | 31 |
| **Referral Source** | | | | |
| Medical | | 14% | 26% | 13% |
| Public Agency | | 48 | 47 | 29 |
| School | | 3 | 0 | 13 |
| Court | | 6 | 21 | 0 |
| Self | | 23 | 5 | 38 |
| Other | | 6 | 1 | 7 |

[1] August B. Hollingshead "Two Factor Index of Social Position" , 1957, Mimeo.

Table 2

Parent Characteristics

| | | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|---|
| **Abused or Neglected as Child** | | | | | |
| Group | | 13% | 50% | 28% | 43% |
| Matched | N=27 | 16 | 44 | | |
| Resp. | N=16 | 18 | 44 | | |
| Not | N= 7 | 25 | 43 | | |
| **Self-esteem**[1] | | | | | |
| Group | | N=32 72.0 | N=32 67.3 | N=13 63.8$^{+}$ | 57.4$^{***}$ |
| Matched | N=32 | 67.0 | 63.3 | | |
| Resp. | N=16 | 64.3 | 60.1 | | |
| Not | N= 8 | 67.6 | 60.2 | | |
| **Anxiety**[2] | | | | | |
| Group | | N=32 36.4 | N=31 42.8* | N=12 39.7 | N=13 48.2** |
| Matched | N=26 | 40.0 | 46.4* | | |
| Resp. | N=15 | 42.7 | 48.0 | | |
| Not | N= 8 | 37.1 | 47.4 | | |

+ $p < .10$ ** $p < .01$

* $p < .05$ *** $p < .001$

[1] A. H. Eagley, "Revised Janis-Field Scale" in J. P. Robinson & P. R. Shaver (ed Measures of Social Psychological Attitudes, Ann Arbor: Institute for Social Research, 1973, pp 76-80.

[2] C. D. Spielberger, R. Gorsuch, & R. E. Lushene, State-Trait Anxiety Inventory, Palo Alto, California: Consulting Psychologists Press, 1968

Table 3

Family Environment:

Relationship Dimension[1]

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| **Cohesion** | N=32 | N=31 | N=12 | N=13 |
| Group | 54.2 | 48.7 | 60.7 | 45.5+ |
| Matched N=27 | 53.1 | 49.2 | | |
| Resp. N=16 | 53.7 | 47.4 | | |
| Not N= 8 | 50.0 | 52.0 | | |
| **Expressiveness** | | | | |
| Group | 53.9 | 48.9 | 54.3 | 47.1* |
| Matched | 55.6 | 49.0 | | |
| Resp. | 57.2 | 44.2* | | |
| Not | 52.1 | 55.8 | | |
| **Conflict** | | | | |
| Group | 39.7 | 45.6* | 40.3 | 50.5* |
| Matched | 42.9 | 47.3 | | |
| Resp. | 43.6 | 48.1 | | |
| Not | 42.0 | 46.9 | | |

\+ $p < .10$

* $p < .05$

[1] R. H. Moos, Family Environment Scale, Palo Alto, California: Consulting Psychologists Press, Inc., 1974.

Table 4

Situation Interview:[1]

Negative Verbals

| | Control | Abuse | Negative | High Potentia |
|---|---|---|---|---|
| **Attack** | N=32 | N=32 | N=14 | N=16 |
| Group | 1.4 | 1.3 | .69+ | 1.1 |
| Matched N=26 | 1.3 | 1.6 | | |
| Resp. N=12 | 1.2 | 2.2 | | |
| Not N= 8 | 1.1 | 1.3 | | |
| **Blame** | | | | |
| Group | 1.9 | 1.9 | .69 | .86 |
| Matched | 1.4 | 1.7 | | |
| Resp. | 1.2 | 2.1 | | |
| Not | 1.1 | 1.0 | | |
| **Challenge** | | | | |
| Group | 3.3 | 3.2 | 2.4 | 2.4 |
| Matched | 3.0 | 3.5 | | |
| Resp. | 3.2 | 3.7 | | |
| Not | 3.4 | 3.5 | | |
| **Attack, blame and challenge combined** | | | | |
| Group | 6.7 | 6.3 | 3.6** | 4.7* |
| Matched | 5.5 | 5.7 | | |
| Resp. | 5.1 | 6.1 | | |
| Not | 5.6 | 5.8 | | |

+ $p < .10$

* $p < .05$

** $p < .01$

[1] M. A. Perry, Structured Situation Interview, 1976, unpublished.

Table 5

Situation Interview:

Verbal Codes

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| **Command, direct** | | | | |
| Group | 6.9 | 4.7** | 3.9*** | 4.1** |
| Matched | 6.0 | 5.2 | | |
| Resp. | 6.4 | 5.2 | | |
| Not | 6.0 | 4.8 | | |
| **Reason** | | | | |
| Group | 5.7 | 3.3** | 3.5* | 4.3 |
| Matched | 5.1 | 3.7 | | |
| Resp. | 4.7 | 4.3 | | |
| Not | 6.1 | 3.6* | | |
| **Other verbal** | | | | |
| Group | 1.8 | 2.1 | 2.5 | 2.6 |
| Matched | 2.3 | 2.3 | | |
| Resp. | 2.4 | 2.2 | | |
| Not | 1.5 | 2.6 | | |
| **No verbal** | | | | |
| Group | .72 | 1.7** | 2.9* | 1.1 |
| Matched | 1.0 | 1.4 | | |
| Resp. | .83 | 1.3 | | |
| Not | 1.4 | 2.4 | | |

* $p < .05$

** $p < .01$

*** $p < .001$

Table 6

Situation Interview:

Action

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| Nonaversive discipline ( D+ ) | | | | |
| Group | 5.7 | 5.0 | 4.7 | 5.8 |
| Matched | 5.7 | 5.3 | | |
| Resp. | 6.0 | 5.8 | | |
| Not | 6.4 | 5.0 | | |
| Aversive discipline ( D- ) | | | | |
| Group | 3.8 | 3.7 | 3.5 | 3.6 |
| Matched | 4.0 | 3.9 | | |
| Resp. | 4.2 | 3.3 | | |
| Not | 4.1 | 2.1 | | |
| D+ / D- | | | | |
| Group | 2.2 | 2.5 | 2.4 | 2.5 |
| Matched | 1.7 | 1.8 | | |
| Resp. | 1.2 | 1.8 | | |
| Not | 3.1 | 2.8 | | |
| Other action | | | | |
| Group | 1.7 | 1.7 | 1.8 | 1.9 |
| Matched | 1.9 | 1.3 | | |
| Resp. | 1.4 | 1.3 | | |
| Not | 1.8 | 1.4 | | |
| Nothing | 4.8 | 5.0 | 5.6 | 4.4 |
| Matched | 4.5 | 5.4 | | |
| Resp. | 4.2 | 5.6 | | |
| Not | 4.3 | 7.0+ | | |

+ $p < .10$

Table 7

Family Environment:

Personal Growth Dimension[1]

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| **Independence** | N=32 | N=31 | N=12 | N=13 |
| Group | 42.8 | 42.0 | 44.8 | 44.0 |
| Matched N=27 | 42.8 | 41.0 | | |
| Resp. N=16 | 42.0 | 38.4 | | |
| Not N= 8 | 44.6 | 47.7 | | |
| **Achievement orientation** | | | | |
| Group | 46.3 | 46.0 | 50.8† | 44.2 |
| Matched | 45.8 | 46.7 | | |
| Resp. | 43.8 | 49.0 | | |
| Not | 46.0 | 39.0 | | |
| **Intellectual cultural orientation** | | | | |
| Group | 45.3 | 43.7 | 42.8 | 44.4 |
| Matched | 44.0 | 42.9 | | |
| Resp. | 44.3 | 40.3 | | |
| Not | 41.5 | 44.0 | | |
| **Active recreation orientation** | | | | |
| Group | 40.2 | 38.0 | 43.5 | 38.9 |
| Matched | 38.6 | 35.9 | | |
| Resp. | 35.9 | 35.1 | | |
| Not | 45.3 | 38.5 | | |
| **Moral religious emphasis** | | | | |
| Group | 57.8 | 53.0† | 51.6† | 51.3* |
| Matched | 56.7 | 53.3 | | |
| Resp. | 55.6 | 52.3 | | |
| Not | 56.6 | 53.6 | | |

† $p < .10$

* $p < .05$

[1] Moos, Family Environment Scale, ibid.

Table 8

Family Environment:

System Maintenance Dimension[1]

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| Organization | | | | |
| Group | 52.1 | 50.4 | 55.3 | 46.6 |
| Matched | 49.3 | 51.0 | | |
| Resp. | 48.3 | 49.4 | | |
| Not | 51.3 | 51.3 | | |
| Control | | | | |
| Group | 51.7 | 48.4 | 47.2 | 54.5 |
| Matched | 53.0 | 48.8 | | |
| Resp. | 53.6 | 48.8 | | |
| Not | 52.5 | 49.1 | | |

[1] Moos, Family Environment Scale, ibid.

APPENDIX O

PANEL FOR FAMILY LIVING

TACOMA, WASHINGTON

DATA COLLECTION

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Data Collection
Panel For Family Living
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The Panel for Family Living initiated a client service evaluation to assess services delivered to clients and to test specific hypotheses about people who abuse and neglect their children. The plan developed consists of a battery of measures used to collect client information prior to beginning of service and following treatment. The choice of measures is based, in part, upon assertions in the literature of those factors which might explain the occurrence of child abuse and neglect.

Through the use of this battery, information is gathered about:

a) Parents: for example, self esteem, anxiety, background, attitude about and expectations of their children, skills as parents

b) Children: for example, physical, intellectual, and social development, and emotional adjustment

c) Interaction of parents and children from behavioral observation

d) Environmental factors: for example, demographic, recent stressful experience, family environment

The battery uses, wherever possible, standard tools with established norms and adequate reliability. In some cases, tools were developed where none existed.

Data Collection tools

1. The following descriptive details of the family are gathered by interview and/or by questionnaire (Attachment 1):
   Parent(s) - marital status, age, ethnicity, occupation, education, (social class determined from occupation and education, Hollingshead, 1957), employment, personal history of abuse

and/or neglect as child, responsibility for current abuse and/or neglect, previous record of abuse or neglect

Children - sex and age of all children

Child of Concern - (for data collection purposes, one child is identified) - sex, birthdate, placement in family, special circumstances relating to birth and development, living in/out of home

2. Data descriptive of parents include:
   A. State-trait Anxiety Inventory ("Self-evaluation Questionnaire"), (Spielberger, Gorsuch, and Lushene, 1970).
   B. Janis-Field Feeling of Inadequacy Scale (modified by Eagley, 1967).
   C. Situation Interview (Perry, 1976). This tape recorded interview is an analog designed to evaluate how a parent would respond to a child who poses some kind of typical management problem to the parent. The parent is verbally presented with 15 hypothetical discipline situations to which he/she must respond (verbally) with what he/she would say or do. Verbalizations and actions are coded separately. This measure is not yet available for general use.
3. Data descriptive of the child of concern:
   A. Parent expectation of child development. This is a non-standardized questionnaire which asks the parent at what age he/she expects his/her child to exhibit particular behaviors. The behaviors included on the questionnaire are drawn from the Developmental Profile (Alpern and Boll, 1973). A comparison of parent estimates and normative placement of these behaviors gives a discrepancy score in either direction of over - or under - expectancy. (Attachment 2).

B. Developmental Profile (Alpern and Boll, 1973). The Developmental Profile is a standardized report tool designed for reviewing the developmental progress of children in five areas of development - physical, self help, social, academic, and communication.

C. Developmental assessment of child. Behavioral items from the Developmental Profile were selected for actual testing of children. Two types of variables are used: 1) developmental level of child 2) agreement between parent report on Developmental Profile and actual testing of child on the same items.

D. Peabody Picture Vocabulary Test (Dunn, 1965) - test of receptive vocabulary for children over age 2.

E. Survey of Temperamental Characteristics (Carey, 1970; 1972). This parent report questionnaire taps the activity level, irritability, distractability, etc. of infants and identifies the difficult infant. In addition to reporting the behaviors of their child, parents are asked to identify which of the child's behaviors are problems to the parents.

F. Child Behavior Checklist. The parent reports the behavior of the child in relation to "other children." Numbers of behaviors deviating from normal are determined. The parent also identifies which child behaviors pose a problem to the parent (Attachment3).

G. Child Behavior Rating Scale (Cassel, 1962). This standardized reporting tool is used for school aged children. Items on the self-adjustment, social adjustment, and school adjustment scales are used.

4. Interaction data. Direct observation of parent-child interaction in a neutral or positive situation is made. During a home visit the parent is asked to work for ten minutes with the child making a picture on a board. An observer codes both parent and child behavior. (Attachment 4).

5. Data descriptive of the family environment and of environmental stress.

   A. Recent experiences survey (modification of Holmes life stress scale). This is a survey of potential stress producing situations in which the parent identifies which of the situations have happened to him/her in the last year and makes an evaluation of the degree of impact - positive or negative - that experience had in his/her life. (Attachment 5).

   B. Family Environment Scale (Moos, 1974). This is a self report measure which taps three major dimensions of the family environment: the nature and intensity of personal relationships, personal growth and self-enhancement influence of the family, and system maintenance and change within the family.

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APPENDIX P

PANEL FOR FAMILY LIVING

TACOMA, WASHINGTON

# IDENTIFICATION OF FACTORS WHICH DISCRIMINATE PARENTS WHO ABUSE THEIR CHILDREN FROM PARENTS WHO DO NOT

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APRIL, 1977

# Identification of Factors Which Discriminate Parents Who Abuse Their Children From Parents Who Do Not

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Paper presented at part of the symposium, Violence Against Children, at the Western Psychological Association Annual Meeting, April 22, 1977, Seattle, Washington.

Martha A. Perry
April 22, 1977

# Identification of Factors Which Discriminate Parents Who Abuse Their Children From Parents Who Do Not

The research that I am going to talk about today developed within the context of an ongoing agency meeting the needs of parents who abuse and neglect their children. As such, it suffers from limitations imposed on it by clinical needs and practicalities. Nevertheless, I feel that the emerging findings are important to the agency and others like it, and provocative to researchers and scientists.

Several years ago I became the Research Consultant to the Panel for Family Living in Tacoma, Washington. The Panel is a private social service agency which for the past three years has been funded by the Office of Child Development as one of eleven demonstration projects in the country in child abuse services. The Panel fulfills a number of functions: community coordination, community education, professional training, and direct services to clients. My task for the agency was to devise an evaluation plan for this latter function - that is, to evaluate the treatment services.

The Panel is a very small agency - two full-time professional staff carry the majority of the caseload, assisted by part-time student workers. Teachers and group leaders are hired for group services, and volunteer parent aides provide some additional service. In a year's time, the Panel services approximately 95-100 individual clients, representing about 70 families. Most clients are identified,

either by a referring agency or by the Panel staff, as having physically abused their children, neglected them, or both. Others are labelled as having High Potential for abuse or neglect of their children, or both.

In our evaluation, we wished to describe in detail the characteristics of our clients and their families and then to relate these to services and outcomes. A second goal was to document changes in our clients occuring through treatment. A final aim of the research we have conducted was to compare our clients with a carefully matched group of parents who, to our knowledge, do not abuse and/or neglect their children. This latter research was not an intrinsic goal of the agency, but rather was generated out of my own concern, upon reading the literature, that the many existing descriptive studies do not have adequate control groups. I feared that some of our descriptions might not be unique to child abusers but rather might more generally be describing a lower social class population. The few studies I could find with normal controls matched to a client group supported this fear. For example, Melnick and Hurley in 1969 found some differences between abusive and non-abusive lower class Black mothers. More notable, however, was their failure to find differences on 12 of their 18 mothers. Another study, by Giovannoni and Billingsley in 1970 found some factors which differentiated lower class neglectful families from matched lower class normal families. But they, too, failed to support a number of current beliefs about neglectful families.

These goals - to describe, to document change, and to put some commonly held conceptions to a controlled test for a lower social class group - combined with practical considerations of doing research in a real clinical setting, guided the selection of measures. We tried to get as much information as possible in many areas of functioning with as little time and effort as possible.

What resulted was a multi-method procedure of intake which utilizes interviews, paper and pencil questionnaires and inventories, observation, and child testing. The entire evaluation takes from 1½ to 3 hours, depending on whether two parents are in the home, whether the child of concern is in the home (we pick one child on which to take data), and whether the parents read or not. The interview and questionnaires are the responsibility of the client's worker. Trained graduate students do all observation and child testing, as well as the entire evaluation of control subjects.

The data I will present today are selected from two of our studies. I have more data, both descriptive and change, than I am presenting today and will be happy to discuss them at some other time with interested persons. Last fall I did an interim analysis of the intake information on our client groups compared with each other, and each compared with the control subjects we had tested by that time. These comparisons are of group data, and are identified in the tables I will be showing by the word Group. More recently I have done at least a partial analysis of our matched control study. This analysis utilizes a pair-wise matched comparison of abuse clients and controls, and is labelled Match in the tables.

Let me describe the groups for these two studies in greater detail. The many categories of Panel clients were collapsed into three basic groups: The Abuse group includes those labelled as having physically abused their children, regardless of degree of severity, and those labelled as both abusing and neglectful; 59% of the clients included in the analysis have this label. Neglect includes all severities of neglect, and 17% of the clients fall here. High Potential includes those labelled at high risk for abuse, neglect, or both; 24% of the clients are high potential. The small number of sexual abuse and emotional abuse clients are not included, nor are the few families whose target child is over age 12.

Control subjects were recruited through a variety of means including notices posted in laundromats, want ads, radio advertising, and referral from social workers, schools, and other agencies. Potential subjects were screened by means of a series of questions to eliminate those who had sought or been required to receive any professional assistance in relation to their children. Basic demographic information was then taken, and when an appropriate match was made with a client family, the evaluation was scheduled. Subjects were paid $20.00 for their participation.

Across groups our sample is primarily Caucasian and lower social class (categories 4 and 5 of the Hollingshead Two Factor Scale). Ages of children are birth to 12 years. Subjects were matched to the abuse clients in social class, ethnicity, age of parent, size and structure of the family and ages of children.

Neglect and High Potential groups vary somewhat on these characteristics, but, for the group study, the match between Abuse and Control is fairly close. For the matched study the match is nearly perfect.

Now to look at the characteristics which we expected to differ in our groups. (Table 1) (Again, on these tables we have our Group comparison study, our Matched comparison study, and a further breakdown of the Matched study - a comparison of the clients responsible for the abuse with their matches, and the clients not responsible and their matches. The number from these two do not equal the total matched because we did not have this information on some of our earliest clients or because, in some cases, this information is difficult to discern.)

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Insert Table 1 about here

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A number of people have proposed that characteristics of parents are important in defining an Abuse group. Though we did not focus on a large number of these we did include several. A consistent finding by others is the higher percentage of history of parental abuse and neglect in Abuse groups, and indeed our data support this finding. This is not higher, however, for those responsible for the abuse than for spouses who are not responsible. It is suggested that the previous history may dispose one to more tolerance of abusive behaviors in the family setting.

Self esteem was included as a variable of interest to the clinicians and also because the Melnick and Hurley study cited earlier found significant differences between controls and abusers on this variable. Contrary to their findings, however, we do not find differences for the Abuse group overall in either of our studies. Our High Potential clients differ from both the Abuse clients and from the Controls.

On the other hand, Anxiety, as measured by the Spielburger, et al (1968) trait measure, consistently differentiates Abuse from Controls, as well as the High Potential group from Controls.

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Insert Table 2 about here

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We move now to some more social-situational variables. The Family Environment Scale developed by Moos (1974), was administered as part of the battery. (Table 2) These three scales - Cohesion, Expressiveness, and Conflict - make up what is called the Relationship dimension. The High Potential group differed from the Controls on Expressiveness and Conflict, and approached a significant difference in Cohesion. Abuse males, in the group study, and those responsible for the Abuse, in the Matched study, were significantly lower than Controls in Expressiveness. The significant difference in Conflict between the Abuse and Control appeared only in the group analysis. The apparent "normality" of the Neglect group on these scales is surprising.

Another aspect of relationship within the family is how discipline is carried out. To tap this, we developed for this study an analog measure which we call the Situation Interview. Briefly, this is a fifteen item interview in which a typical and frustrating home situation is read to the parent. The task is to verbally role play the response that would be made and then to describe what actions, if any, would be taken. Here is an example of a situation: "After hearing some screaming in the kitchen you go there and find your daughter Susan hitting her two year old baby sister."

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Insert Table 3 about here

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Interviews are tape recorded and then coded on a verbal code and an action code. (Table 3) These are the verbal codes which might be considered as negative in nature. Note that there are no significant differences on any of Attack, Blame, or Challenge individually, but when these are grouped, both Neglect and High Potential groups are lower than the Control. It also looks like spouses of abusers may be slightly lower than the abusers on the direct negatives of Attack and Blame. A possible explanation for these findings may be found when we look at the other verbal codes.

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Insert Table 4 about here

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(Table 4) On these, we find that all client groups are less

likely than Controls to Command or Direct the child in the situation, and the Abuse and Neglect groups also reason less. These findings are not upheld for the Abuse group in the matched comparison although those not responsible for the abuse are lower in both than those responsible. The higher Other Verbal and No Verbal rates tend to offset these low rates. In other words, it looks like the Neglect group and the Abuse group (and more particularly the spouse who are not responsible for the abuse) are more passive in these situations and unwilling or unable to take charge of the situation at hand. The person responsible for the abuse takes more command of the situation, but tends to be more negative in doing so.

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Insert Table 5 about here

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Looking at the action codes, (Table 5) we can make this same interpretation for the spouses of abusers. They do a significantly greater amount of No Action and slightly lesser amounts of both aversive and non-aversive discipline, apparently simply being more passive.

The failure to find differences between groups on these actions is somewhat surprising. It could be that the analog nature of the measure allows respondents to monitor their responses, particularly their statements about actions. However, we are accumulating independent evidence supporting validity of the measure. My hunch is that the groups are composed of different kinds of people - perhaps

those who regularly use aversive discipline, and those who do not regularly do this but who may fly off the handle occasionally (a behavior we are not likely to pick up on the measure). The distribution of scores seems to support this hunch. At a later time with more subjects I hope to pursue this possibility.

Some other findings from the remainder of the Family Environment Scale bear mentioning. Five of the scales are grouped to make up what is called the Personal Growth dimension. On two of the five scales - Independence and Active Recreation Orientation - all groups, including the Control group, scored significantly lower than the norm. I equate the Active Recreation Orientation, in some respects, with the isolation that is hypothesized to be related to child abuse. This aspect of the isolation, at least, appears to be a social class phenomenon, as does the failure to provide independence for individual functioning of family members.

One final family variable to mention is the Organization scale of the Family Environment Scale. Others have suggested that Abuse families are ones that are poorly organized. Our data indicate that they do not perceive themselves as so. For me this raises an interesting ethical issue of whether we impose upon these families some standards for how they should run their families and thus condemn them for being poorly organized, for example, when they do not perceive themselves thusly and also do not differ from others in their social class in this perception.

In relation to the child of concern in the family, we have data that our Abuse parents tend to hold expectations for their child that significantly underestimate the child's capabilities. This is another finding that is in contradiction to descriptions in the literature which suggest that Abuse parents overestimate their children.

We have collected other data related to the child-parent report of development and behavior, actual testing of development, and observation of parent-child interaction. The amount of data we have on these is still limited, and a complete report on the children must wait.

Let me summarize some of what is emerging from these studies. First, I think it is important for agencies to note that their different client populations may differ in their pattern of needs. At the Panel, as I have analyzed services, I have discovered that the type of service provided is not differential for either group classification nor for individual profile. Perhaps it should be. Second, abusers and spouses receive the same services, and those services do not attend to different needs in the two. The differential needs of these groups should receive more clinical attention, and more research should make this distinction as well. Another point is that our High Potential group fits the classical description of child abusers more closely than do the Abusers themselves - and of course they would, they are labelled on that basis. But this raises another issue for me of identification and labelling.

I would not argue that these people do not need treatment, but perhaps they should receive it in a setting which does not label them and which directs its services more to their needs. Finally, while we do find some differences between our Abuse group and our carefully matched Control group on Anxiety, Expressiveness, and appropriate direction in discipline situations, we do not find differences on some factors which one would expect based on the clinical lore - self esteem, a family environment of independence, recreational resources, family organization, and negative verbalizations.

I do not present these data as definitive, but rather suggestive of some new hypotheses and also of some cautions for our continued clinical work and research in the area.

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Table 1

Parent Characteristics

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| Abused or Neglected as Child | | | | |
| Group | 13% | 50% | 28% | 43% |
| Matched (27) | 16% | 44% | | |
| Resp. (16) | 18% | 44% | | |
| Not (7) | 25% | 43% | | |
| Self-esteem | N = 32 | N = 32 | N = 13 | N = 15 |
| Group | 72.0 | 67.3 | 63.8$^{+}$ | 57.4*** |
| | ♀ 68.3 | A > HP (P=.05) | | ♀ 55.5** |
| Matched (32) | 67.0 | 63.3 | | |
| Resp. (16) | 64.3 | 60.1 | | |
| Not (8) | 67.6 | 60.2 | | |
| Anxiety | N = 32 | N = 31 | N = 12 | N = 13 |
| Group | 36.4 | 42.8* | 39.7 | 48.2** |
| Matched (26) | 40.0 | 46.4* | | |
| Resp. (15) | 42.7 | 48.0 | | |
| Not (8) | 37.1 | 47.4 | | |

Note: *** $p < .001$
** $p < .01$
* $p < .05$
+ $p < .0$

Table 2

Family Environment Scale Relationship Dimension

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| Cohesion | N = 32 | N = 31 | N = 12 | N = 13 |
| Group | 54.2 | 48.7 | 60.7 | 45.5+ |
| Matched (27) | 53.1 | 49.2 | | |
| Resp. (16) | 53.7 | 47.4 | | |
| Not (8) | 50.0 | 52.0 | | |
| Expressiveness | | | | |
| Group | 53.9 | 48.9 | 54.3 | 47.1* |
| | ♂58.2 | ♂46.5* | | |
| Matched | 55.6 | 49.0 | | |
| Resp. | 57.2 | 44.2* | | |
| Not | 52.1 | 55.8 | | |
| Conflict | | | | |
| Group | 39.7 | 45.6* | 40.3 | 50.5* |
| | | HP | N (p=.05) | |
| Matched | 42.9 | 47.3 | | |
| Resp. | 43.6 | 48.1 | | |
| Not | 42.0 | 46.9 | | |

Note: *** $p < .001$
** $p < .01$
* $p < .05$
+ $p < .1$

Table 3

Situation Interview Verbal-Negative

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| Attack | N = 32 | N = 32 | N = 14 | N = 16 |
| Group | 1.4 | 1.3 | .69+ | 1.1 |
| Matched (26) | 1.3 | 1.6 | | |
| Resp. (12) | 1.2 | 2.2 | | |
| Not (8) | 1.1 | 1.3 | | |
| Blame | | | | |
| Group | 1.9 | 1.9 | .69 | .86 |
| Matched | 1.4 | 1.7 | | |
| Resp. | 1.2 | 2.1 | | |
| Not | 1.1 | 1.0 | | |
| Challenge | | | | |
| Group | 3.3 | 3.2 | 2.4 | 2.4 |
| Matched | 3.0 | 3.5 | | |
| Resp. | 3.2 | 3.7 | | |
| Not | 3.4 | 3.5 | | |
| A/B/C | | | | |
| Group | 6.7 | 6.3 | 3.6** | 4.7* |
| Matched | 5.5 | 5.7 | | |
| Resp. | 5.1 | 6.1 | | |
| Not | 5.6 | 5.8 | | |

Note: *** $p < .001$
** $p < .01$
* $p < .05$
+ $p < .10$

Table 4

Situation Interview - Verbal

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| Command, direct | N = 32 | N = 32 | N = 14 | N = 16 |
| Group | 6.9 | 4.7** | 3.9*** | 4.1** |
| Matched | 6.0 | 5.2 | | |
| Resp. | 6.4 | 5.2 | | |
| Not | 6.0 | 4.8 | | |
| Reason | | | | |
| Group | 5.7 | 3.3** | 3.5* | 4.3 |
| Matched | 5.1 | 3.7 | | |
| Resp. | 4.7 | 4.3 | | |
| Not | 6.1 | 3.6* | | |
| Other Verbal | | | | |
| Group | 1.8 | 2.1 | 2.5 | 2.6 |
| Matched | 2.3 | 2.3 | | |
| Resp. | 2.4 | 2.2 | | |
| Not | 1.5 | 2.6 | | |
| No Verbal | | | | |
| Group | .72 | 1.7** | 2.9* | 1.1 |
| Matched | 1.0 | 1.4 | | |
| Resp. | .83 | 1.3 | | |
| Not | 1.4 | 2.4 | | |

Note: *** $p < .001$
** $p < .01$
* $p < .05$
+ $p < .10$

Table 5

Situation Interview - Action

| | Control | Abuse | Neglect | High Potential |
|---|---|---|---|---|
| Non-aversive discipline (D+) | N = 32 | N = 32 | N = 14 | N = 16 |
| Group | 5.7 | 5.0 | 4.7 | 5.8 |
| Matched | 5.7 | 5.3 | | |
| Resp. | 6.0 | 5.8 | | |
| Not | 6.4 | 5.0 | | |
| Aversive discipline (D-) | | | | |
| Group | 3.8 | 3.7 | 3.5 | 3.6 |
| Matched | 4.0 | 3.9 | | |
| Resp. | 4.2 | 3.3 | | |
| Not | 4.1 | 2.1 | | |
| D+/D- | | | | |
| Group | 2.2 | 2.5 | 2.4 | 2.5 |
| Matched | 1.7 | 1.8 | | |
| Resp. | 1.2 | 1.8 | | |
| Not | 3.1 | 2.8 | | |
| Other Action | | | | |
| Group | 1.7 | 1.7 | 1.8 | 1.9 |
| Matched | 1.9 | 1.3 | | |
| Resp. | 1.4 | 1.3 | | |
| Not | 1.8 | 1.4 | | |
| Nothing | 4.8 | 5.0 | 5.6 | 4.4 |
| Matched | 4.5 | 5.4 | | |
| Resp. | 4.2 | 5.6 | | |
| Not | 4.3 | 7.0+ | | |

Note: *** $p < .001$ ** $p < .01$ * $p < .05$ + $p < .10$